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COMMISSION OF INQUIRY
INTO THE
NON - MEDICAL USE OF DRUGS

COMMISSION D'ENQ ETRE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

Jubilee Room,
Saskatchewan Centre,
REGINA, Saskatchewan

November 13, 1970

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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

Gerald Le Dain,	Chairman,
Ian Campbell,	Member,
Heinz Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie-Andree Bertrand,	Member.
J. Peter Stein,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

Jubilee Room
Saskatchewan Centre
REGINA, Saskatchewan
November 13, 1970.

1 --- Upon commencing at 10:00 a.m.

2 THE CHAIRMAN: Ladies and gentlemen,
3 we call this hearing of the Commission of Inquiry
4 into the Non-medical Use of Drugs to order. I should
5 like to introduce the members with me here today.
6 On my far right is Dean Ian Campbell of Montreal;
7 on my immediate right, Heinz Lehmann of Montreal;
8 I am Gerald Le Dain; on my left is Mr. James Moore,
9 Executive Secretary of the Commission; on Mr. Moore's
10 left, Marie Bertrand of Montreal; and on Professor
11 Bertrand's left, J. Peter Stein of Vancouver.

12 Perhaps a few words of introduction
13 to point out our terms of reference might be helpful
14 before we begin the hearing.

15 I should like to say something at the
16 outset about the television cameras and our policy
17 with respect to television. At the beginning of our
18 hearings in the fall of 1969, we came to the conclusion
19 that it would in many ways be a great advantage to
20 have a televised record of our hearings, but we
21 should/do so because we thought it might inhibit
22 discussion in view of the nature of the subject
23 matter, and the fact that people might be making
24 reference to personal experience. And towards the
25 end of the first stage of our hearings, in the spring
26 of this year, it was said to us that as a public duty
27 we should have some record as to the manner in which
28 we conducted our hearings. So/we agreed to have
29 one hearing in Hamilton televised, and gave notice
30 to that effect. And I must say it did not seem to

1 inhibit discussion. But in this last phase of the
2 hearings we are seeking reaction to the interim
3 report, and we are anxious to have / full a discussion
4 as possible. And it was said again that it should
5 be possible to televise our hearings for people
6 who could not be present, to have some idea of how
7 opinion was developing. After some consideration,
8 we agreed to this principle, and in various cities
9 we have been televised. There is one qualification;
10 we have asked the cameraman not to take pictures of
11 anyone who does not wish to be photographed while
12 speaking to us, and this is to be true of people
13 who speak from the floor, where we have microphones
14 placed there. So, I have asked anyone not wishing
15 to have photographs, simply to indicate by that
16 kind of a gesture (indicating); and the cameramen
17 from the very beginning of our inquiry have respected
18 our wishes and we hope to receive the same co-
19 operation today.

20 Now, on our terms of reference; we
21 were appointed in May of 1969 on a two year mandate
22 to look into three things: the effects of the non-
23 medical use of psychotropic drugs and substances,
24 that is, mood-modifying drugs; the extent and
25 patterns of such use in Canada; and thirdly, the
26 cause of such use, the general social significance
27 of it, and some general perspective indicating in
28 general terms its relation to other aspects of
29 life today.

30 It is on the basis of our findings

alone,
on these three points/that we are to make recom-
mendations as to what we can do alone or with
other levels of government, provincial and municipal,
and with the use of the terms of reference, to
the dimensions of the problems involved in such
And we were required to submit an interim report
which we did, and this was tabled and made public
June of this year. And now we are in the
case of public hearings, seeking active response
to the interim report, and also seeking a sense
of drug use may have developed, changed,
this since last year, how the attitudes have
changed, what initiatives have been taken locally
in response to this whole question. So we are
seeking reaction to the report and also new informa-
tion and particularly on certain aspects of the
with
the question that we were not able to deal
with in the interim report. For example,
the whole question of treatment, rehabilitation, and
to what extent it is appropriate in certain

We are also seeking advice on other
kinds of initiative that might be taken by individuals
and institutions to reduce and eliminate the
conditions which are thought to be conducive to
drug use. So, to sum up our request, in this way
we are seeking, trying to find a wise social policy
We see that policy, including law enforcement,
is only one standard or measure of it.
many others, including education and other responses
and initiatives by individuals who may have the

1 opportunity to do something constructive.

2 Now, a word about our proceeding here.
3 We have scheduled submissions, and at the conclusion
4 of each there is opportunity for questions and
5 comments, both from the Commissioners and from
6 everyone present, and we hope that you will feel
7 free to submit your experiences and views. We have
8 placed microphones there for your convenience, and,
9 if you would be good enough to use them, because
10 it helps with the transcription. We register every-
11 thing that is said at our hearings.

12 So, I call now on Mr. Donald Mountenay,
13 of the Crisis Centre.

14 Mr. Mountenay?

15 THE PUBLIC: I telephoned ten minutes
16 ago, and he is on his way.

17 THE CHAIRMAN: Well, it is not a big
18 city. We will then go on with Mr. Sherve Shragge.
19 Would you like to be seated at the table?

20 MR. SHRAGGE: Yes, thank you.

21 Did you wish me to read my brief,
22 Mr. Chairman?

23 THE CHAIRMAN: I think it would be
24 helpful. We have only just received it this morning.

25
26 MR. SHRAGGE: Fine. Well, on the
27 preface, I present this brief today as a private
28 citizen with no other qualification other than a
29 citizen's concern over the non-medical use of drugs,
30 particularly heroin. I do have, however, more than

1 a passing interest in the subject.

2 The motivation to research this brief
3 finds its roots in a fleeting instant on a skid road
4 rooming house stairway in Vancouver in the early
5 1960's.

6 I was, at the time, a radio journalist
7 with a Vancouver radio station assigned to cover
8 the police beat. That year the city police had
9 joined with the RCMP in a devastating raid that
10 very nearly cleaned out much of the illicit heroin
11 then in supply. Those known pushers who still had
12 "stuff" made themselves scarce and, in a word, Van-
13 couver was in a drug "famine". It was during the
14 initial stages of the famine that the "street";
15 Hastings from Main to Columbia, began disgorging its
16 assorted junkies. They bore the marks of short
17 supply and the scenes of withdrawal were repeated
18 often in public view. It was unpleasant even for
19 police and newsmen who had covered many similar
20 situations. In the course of checking many of the
21 police calls associated with the roundup, I attended
22 to a skid road rooming house where an ambulance had
23 arrived. A young girl, who, I later learned, was
24 only fourteen, was in the desperate stages of heroin
25 withdrawal. She was sprawled on the stairway inside
26 the building. Her face was twisted in an agonizing
27 shriek that never seemed to end. Her body was con-
28 tortured in pain and wracked with craving. That she
29 was so young was reflected in the eyes of the
30 ambulance attendant who for a single moment stood

1 helpless in stunned disbelief. Her piercing scream
2 and desperate writhing were etching their horrid
3 picture in my memory. | |

4 The years have passed and the treachery
5 of the narcotics caitif has made fourteen year old
6 girls fair game and more commonplace. As a matter
7 of fact, arrests of persons under twenty-one for
8 narcotic violations have increased sharply. A survey
9 in the United States puts more than half of all
10 individuals arrested for drug abuse, under twenty-one.
11 I cannot comment on the cannabis situation. Pot,
12 in my view, is a problem with its own peculiarities.
13 My concern now, as illustrated in this brief, is
14 with the hard narcotic-heroin.

15 Until very recently, "control" of drug
16 abuse has meant stopping the pusher, educating the
17 user and potential user, the enactment of soft laws
18 versus hard laws, etcetera. But, I interpret "control"
19 of narcotics as striking at the roots, and the roots
20 of heroin are not to be found in Canada or the United
21 States. The roots are the roots of the opium poppy
22 and those roots are in the brown earth of Turkey,
23 Afghanistan, Iran and the Chinese Mainland.

24 Drug abuse in Canada is a complex
25 problem compounded by the number of illicit drugs
26 available, what they are and what they do.

27 Marijuana, for instance, is a mild
28 hallucinogenic or mind-affecting drug. It can cause
29 a form of intoxication, affect co-ordination and
30 distort judgment of time and distance. It is not

1 | addictive and creates no physical craving.

2 | LSD is a stronger hallucinogenic, it
3 | affects all senses. Effects can recur long after
4 | use, causing reactions that may range from worry,
5 | panic and deep depression to severe mental derange-
6 | ment. It is not addictive.

7 | Amphetamines: Chemical stimulants
8 | used to combat drowsiness, depression and overweight.
9 | When abused, these drugs can cause jitteriness and
10 | irritability to the point of violence. Heavy doses
11 | may cause hallucinations and mental derangement
12 | requiring hospitalization. Amphetamines are not
13 | physically addictive, although users may become
14 | psychologically "hooked".

15 | Barbiturates: Relaxing agents and
16 | sedatives. Properly used they slow heart rate,
17 | breathing and lower blood pressure to advantage.
18 | When taken for kicks they distort thinking, impair
19 | physical reactions, weaken emotional control.
20 | Barbiturates are physically addicting; the body
21 | needs increasingly higher doses to feel their effects.

22 | Then there is heroin: A true, hard
23 | narcotic derived from opium. It reduces tensions,
24 | gives the user a "high" of carefree self-confidence.
25 | But as use of heroin continues, more of the drug
26 | is needed to reach the high and true addiction with
27 | physical and psychological dependence sets in. Death
28 | from overdoses of heroin is not uncommon.

29 | My brief really is entitled, "Getting
30 | at the Roots". When a commodity is limited in supply

1 by the state, while there are customers for more of
2 it than is available, middlemen intervene to bring
3 quantities illicitly to such customers for a profit.
4 In that sense, the illicit traffic in narcotic drugs
5 is strictly a business undertaking. The traffickers
6 try to get as much money as they can and in order to
7 do so they try to secure regular supplies and to enlarge
8 their market by creating new customers. This traffic,
9 therefore, involves, in my mind, the producer, the
10 trader and the consumer. Since the basic aim of
11 narcotics control has been to suppress the illicit
12 consumption of narcotics, that is, drug addiction or
13 drug dependence, efforts have always been primarily in
14 the sphere of controlling the trader or pusher and
15 dealing with the addict or consumer. Precious little,
16 in my view, has been accomplished in dealing with
17 the producer, and yet by having firm control over
18 production the problems associated with the trafficker
19 and the consumer would fall into proper perspective.

20 In my view, this is the case with heroin.
21 More than eighty percent of all the illicit opiate
22 narcotics, chiefly heroin, brought into North America
23 is from Turkey. It is estimated that other middle-
24 eastern nations such as Iran, Afghanistan, and an un-
25 known amount from Communist China make up the balance
26 of opium poppy production.

27 In Turkey, the poppy crop is usually
28 harvested in June. Raw opium is drawn from the poppy
29 seed capsules as a thick gummy mixture. The opium
30 contains numerous alkaloids of which morphine and

1 codeine are among the more potent. The Turkish
2 government does not pick up the opium for the world's
3 legal trade until August and September. Meanwhile
4 a great deal -- probably about fifty percent --
5 winds up in the hands of the illicit traffickers.
6 They convert it into crude morphine which has about
7 one-tenth the volume of opium. This usually occurs
8 in Turkey itself or in some other middle-eastern
9 country. Then the crude morphine is shipped in many
10 clandestine ways to Europe where it is refined into
11 heroin in covert laboratories. These may be highly
12 sophisticated or just "pot and pan" operations.
13 Most of them are in France. By this time, the heroin
14 is in the hands of the crime syndicates which operate
15 like big corporations. It gets into Canada and the
16 United States via Montreal and New York respectively.
17 Couriers of heroin will transport their expensive
18 cargo in a variety of unusual ways which in some
19 cases show a remarkable bit of ingenuity -- from
20 coffins to cars.

21 It is my contention that despite the
22 good work of the United Nations and other world
23 bodies in trying to force countries in which the
24 opium poppy is grown as a crop to curb their
25 production, until definite programs of replacement
26 crops are offered by other countries which have a
27 drug problem, little will be accomplished. I submit
28 that Canada must join other nations, particularly
29 the United States, in what amounts to the equivalent
30 of the Colombo Plan or a Marshall Plan aimed at

1 limiting the production of the opium poppy to such
2 an extent that legal production can be more easily
3 controlled for medicinal purposes and that illicit
4 heroin will soon disappear as a hard narcotic on the
5 North American scene.

6 Canada, in 1950, began contributing
7 to the Colombo Plan for co-operative economic
8 development in South East Asia. Ten years later our
9 contribution had amounted to a total of two hundred
10 and eighty one million dollars.

11 Similarly, in April of 1948, the
12 United States launched the Marshall Plan to provide
13 funds by loans and grants to speed the economic
14 recovery of postwar Europe. There is much that can
15 be learned from both these plans and adopted within
16 a framework that will achieve similar ends. The
17 United States has already begun action in this
18 direction, and it is well to consider what has
19 happened:

20 1970,
21 In July of this year/the Turkish
22 government, in compliance with American requests,
23 reduced from nine to seven the number of provinces
24 where the cultivation of the opium poppy will remain
25 legal.

26 Since 1967, Turkey has discontinued
27 the legal cultivation of the opium poppy in fourteen
28 of the twenty-one provinces where it had previously
29 been permitted. Now, this has been brought about
30 mainly at the request of our neighbors to the south
through treaties with Turkey. The United States

1 Administration acknowledges that there can be little
2 hope of curbing the traffic in heroin and other drugs
3 without the co-operation of the governments where
4 the drug originates. Therefore, it approved a
5 forty million dollar development loan to Turkey to
6 encourage the farmers to turn fields of poppy to
7 fields of wheat, hops and alfalfa; thereby turning
8 off the source of what some say is eighty percent
9 of the heroin used in the United States.

10 About twenty-six thousand acres of
11 Turkish soil is still planted in opium poppies --
12 enough to grow one hundred and thirty-two thousand
13 pounds of morphine base which would produce thirteen
14 thousand, two hundred pounds of heroin which is worth
15 anywhere from one thousand to two thousand a pound
16 in Marseilles, the world center for refining morphine
17 base into heroin. About two-thirds of what Turkey
18 grows finds its way into the illegal channels and
19 eventually to the United States and Canada. An
20 importer in the United States pays up to eight
21 thousand dollars a kilo, which is 2.2 pounds, and
22 resells a kilo wholesale around twelve thousand
23 dollars. A pound of heroin, when cut with adulterants
24 can bring more than two hundred thousand dollars when
25 sold on the streets to addicts.

26 The forty million dollar loan from
27 the United States through the Agency for International
28 Development is expected to provide the necessary
29 impetus to the slow but encouraging progress made
30 by the program to curb the cultivation of the opium

1 poppy in Turkey.

2 John E. Ingersoll, Director of the
3 Federal Bureau of Narcotics, in commenting on the
4 program says that he is sure there will be substantial
5 progress on the heroin problem in five years if
6 Turkey can be eliminated as a source of opium.

7 It is my view that Canada has lagged
8 behind in this area. Yet, she has the most to offer.
9 Her knowledge -- our knowledge of agriculture and
10 the systems and machinery to introduce and develop
11 new crops could be of invaluable assistance to the
12 government of Turkey. Full diplomatic pressure along
13 with Canadian know-how should be brought to bear
14 through the United Nation channels to achieve further
15 opium poppy crop reductions. For the moment, no one
16 knows how much opium comes from mainland China
17 through the West Coast. With the recent exchange
18 of diplomatic protocol with Red China, I believe it
19 behooves our government to now seek this information
20 out and bring the same diplomacy to bear on the
21 situation.

22 Only by getting at the roots will
23 the merchants of heroin see their trade dry up.
24 All the precautions in the world to prevent narcotic
25 smuggling, trafficking and shooting mainliners into
26 fourteen year old girls are of little value. Education
27 programs are good, but only up to a point. But
28 getting at the roots of the opium poppy can do the job.
29 If there is nothing to shoot, the terror or heroin
30 addiction
/diminishes.

1 Now, I could not end this brief without
2 some comment on the "why" of drug abuse and, to me,
3 the sad commentary it evokes on our society.

4 It is my opinion that drugs represent
5 a growing vehicle by which misguided people of all
6 ages and social strata try to escape from reality.
7 That is the problem. The misuse of drugs to escape
8 from the realities of everyday life. Why? Although
9 there is no single answer, I must agree with the
10 theory of John Finlator, Deputy Director of the Bureau
11 of Narcotics and Dangerous Drugs of the United States
12 Department of Justice. He says, and I quote: "It
13 might well be...we are experiencing a drug syndrome
14 in an affluent society. We take tranquilizers to
15 calm us, diet pills to slim us, a pill to keep us
16 alert, a pill to help us sleep, a pill to prevent
17 conception, a cigarette to bolster us, and a drink
18 to keep us going. We are raising a generation of
19 children watching us take drugs. Drugs are our
20 hangup! One might easily observe that we are in
21 fact educating our young by our example."

22 If indeed we are raising a generation
23 that holds that all needs can be taken care of by
24 pills, then the need for an education program to
25 reverse the self-destructive process is, in my opinion,
26 evident.

27 THE CHAIRMAN: Thank you very much,
28 Mr. Shragge. Any questions or comments?

29 Dean Campbell?

30 MR. CAMPBELL: There are two matters

1 I would like to raise, Mr. Shragge. If a policy
2 such as this was adopted, I think that it is, per-
3 haps, reasonable to think that those interested in
4 the international trafficking of opium might raise
5 the price paid for the pound, at least, hypothetically,
6 this is my response to it in the main. That price
7 at the present is a very low price. If the price
8 was raised, one hundred or two hundred percent, at
9 a level that might provide an inducement for them
10 to continue opium production, have you in mind
11 additional steps to take in that eventuality?

12 MR. SHRAGGE: Well, opium is grown
13 as a legal crop in Turkey. Turkey derives exactly
14 three million dollars annually from the sale of
15 legal opium. It is my view that when a government
16 such as that of the United States tends to spend
17 thirteen times the amount that the government of
18 Turkey derives legally from the sale of opium,
19 and wants to spend forty million dollars, which is
20 roughly thirteen times the amount that Turkey
21 derives, to stop illicit trade on drugs, I think
22 that probably they know more than we how much the
23 farmer is willing to accept for his illegal product.

24 MR. CAMPBELL: My concern was
25 whether you could get them to convert their acreage
26 to wheat when summer comes along and offers a
27 price much greater for the poppy? Or would
28 this be a greater risk?

29 MR. SHRAGGE: In my opinion, we are
30 still cutting production of opium. And it may make

1 it so prohibitively expensive that no one could
2 afford it.

3 MR. CAMPBELL: In the last paragraph
4 of your brief, you lay a stress on the need for
5 education.

6 MR. SHRAGGE: Yes.

7 MR. CAMPBELL: What thrust should it
8 have?

9 MR. SHRAGGE: Well, as I have stated
10 in my last paragraph, the problem arises, and I am
11 accepting the view of one whose comments I respect
12 in this, Mr. Finlator -- the problem arises as our
13 younger generation is growing up and reflecting
14 our morals in our society, and our attitudes towards
15 drugs. It becomes so commonplace that they see no
16 reason why they should not revert to drugs, whether
17 legally or illegally. They must have some impetus
18 in the sad commentary on society; the pressures of
19 reality. Therefore, I feel the thrust should be
20 in this direction. The education program should be
21 against the use of drugs and the prescribing of
22 drugs by doctors for these emotions; because that's
23 all it is, emotions.

24 MR. CAMPBELL: And the direction of
25 education, not only to the young, but the adult, for
26 instance, who uses alcohol, caffeine?

27 MR. SHRAGGE: Right.

28 DR. LEHMANN: Mr. Shragge, I recently
29 had occasion to speak to a psychiatrist who has
30 just returned from Turkey and Iran, and he has looked

1 very carefully into the illicit trade of opium.

2 In Iran itself there is a tremendous amount of
3 opium addicts, men, women and children down to four
4 and five years of age. I saw the photographs of
5 some of them being treated.

6 Now, the opium used to arrive from
7 Turkey because Iran, some years ago, made it illegal
8 to produce it. Now they have a new law in Iran which
9 provides for the execution of smugglers, and they
10 have killed -- or, executed, some more than four
11 since the beginning of the year. But the response
12 has been that in Iran there is a great deal of opium
13 grown again and they are all setting up to grow
14 more and more and more. Now that's for their home
15 use. It is desperately needed there. But, a great
16 deal of this will also find its way -- not only
17 enough to just take care of the Iranians -- a lot of
18 it will leak out for use in the world trade unless,
19 and this is the important thing, which isn't mentioned
20 in your brief -- unless we can somehow deal success-
21 fully with the opium addiction problem in Iran,
22 because they can grow it in their back yard and
23 they need it desperately there.

24 MR. SHRAGGE: Yes. I think its the
25 situation that we find here. We accept alcohol
26 as a common social drink, it's socially acceptable,
27 it's advertised nationally on television, it's
28 advertised in our papers. We think nothing of it.
29 And I am sure we derive our own particular high
30 from our own alcohol in the same way that Iranians

1 derive their own particular social high from opium.
2 I believe in Iran it is still smoked; it isn't
3 produced into heroin.

4 DR. LEHMANN: It's smoked illegally.

5 MR. SHRAGGE: Well, I put it to you,
6 this is probably the same situation, that we are a
7 set of different people with different needs, much
8 the same as our own native Indians cannot accept
9 alcohol in the same way we can. Probably Iranians
10 accept opium much the same way as we accept a
11 cigarette.

12 DR. LEHMANN: Well, I see there is --
13 the only problem I see is that if they do need it,
14 and have been in the habit of taking opium for many
15 years, or centuries, I don't know -- anyway, there
16 is a desperate need for their home consumption.
17 And now they have started to produce it again in Iran.

18 Now, there then is not just a
19 marketing incentive, but there is the incentive of
20 "We need it for ourselves." Therefore, a great deal
21 of production will have to take place in Iran, and
22 I'm just wondering how much of this will overflow
23 into the world market, quite apart from price and
24 marketing?

25 MR. SHRAGGE: I wish I knew the answer
26 to that, Mr. Lehmann. I just feel that that would
27 be their own type of education program that they
28 would have to bring into effect, I suppose. But
29 I don't think it would ever -- I think narcotic
30 control should have to come into play to prevent the

1 traffic of opium from getting into France where
2 it can be produced into morphine.

3 DR. LEHMANN: Oh, we are -- not only to
4 treat the Iranian addicts, but once we have succeeded
5 there.

6 MR. SHRAGGE: No, not exactly. I can't
7 agree with that. I still feel eighty percent of it
8 still comes from Turkey and that is where it should
9 start. I think that a similar program should be
10 started for Iran and similar controls, but not to
11 start dealing with it once we have the problem here.
12 This always has to be done. Our ambitions have to
13 be high in this regard. But I do not think we are
14 getting at the roots if we feel we can control it
15 from here. I still think all efforts must be made
16 internationally to get at the roots.

17 THE CHAIRMAN: You emphasize this
18 question of production, traffic and consumption
19 and use in your brief, Mr. Shragge. You emphasized
20 the importance of trying to get at production, and
21 there is one country, apparently, that is the prime
22 source, but there are other countries which are
23 actually potential sources, and certainly, we should
24 try to get at the source. Have you any views on the
25 other aspects or, more particularly, how one should
26 deal with the user? Have you any opinions?

27 MR. SHRAGGE: Once the user starts,
28 and this is my own view, I cannot consider it
29 criminal. To me, it must be treated much the same
30 as an alcoholic.

1 THE CHAIRMAN: Have you given any
2 thought to the question of the extent to which
3 compulsory treatment might be appropriate?

4 MR. SHRAGGE: Not particularly, no.
5 I see the danger here is that once the consumer
6 has been made into an addict by the continued use
7 of heroin, which is ipso facto once you start to
8 use it, then it becomes a legal matter, because he
9 must rely on crime to control his habit. That is
10 why I feel that crime kind of moves into it, but
11 essentially it is a medical problem. I really have
12 no thoughts. I'm not a medical practitioner.

13 THE CHAIRMAN: Do you have any views
14 on maintenance, in other words, methadone or heroin
15 maintenance?

16 MR. SHRAGGE: Methadone is just as
17 addictive as heroin, and although it has been
18 successfully used as a withdrawal drug, we are finding
19 now, in most recent reports, and I say this just as
20 a newsman from what I have been studying, that
21 methadone itself is addicting and is becoming just
22 as much of a problem now as heroin.

23 THE CHAIRMAN: I take it that from
24 what you know, you would be opposed to maintenance
25 as an approach to it. When you speak of a medical ---

26 MR. SHRAGGE: Yes, I think I would
27 be opposed to maintenance.

28 THE CHAIRMAN: When you speak of it
29 as a medical problem, you are hoping for a complete
30 cure and withdrawal?

1 MR. SHRAGGE: Well, the cure is
2 complete and total withdrawal, which is probably the
3 most anguish struck facet about the condition. But I
4 would say yes, I would hope there would be a cure
5 less abominable to witness, less harrowing for the
6 addict himself.

7 DR. LEHMANN: To come back to my
8 question, in your opinion, the main incentive for
9 the Orient to ship and grow opium is economic and
10 you suggested that economic help should be given
11 to divert this and make it unnecessary for them to
12 make money in this way. Now, as I see, just reported
13 there, it's also another incentive to grow opium
14 because they need it for their own addictive purposes.
15 Would you go so far as to say that Canada should
16 provide medical help and medical know-how to deal
17 with the addiction problem in Iran, for instance, in
18 order to get at the source again?

19 MR. SHRAGGE: I don't see why not. I do
20 not see why not. There is no international treaty
21 in existence today that does not allow people of the
22 medical profession to work together in concert in
23 something like this.

24 DR. LEHMANN: Would you go so far as
25 to say that economic help should be given, as well
26 as medical help to the addiction problem in Iran,
27 for instance, just as you suggested that through
28 the Colombo Plan help should be given?

29 MR. SHRAGGE: Yes, I see what you are
30 getting at. Yes, I do not see any reason why not.

1 I would put it this way, that I think Canada should
2 offer its medical services if it can, to work in
3 concert with other countries if it can, to work with
4 the problem of heroin addiction. But I say that its
5 contribution to such a fund should be in keeping with
6 other nations' contributions. I don't see any reason
7 why Canada cannot take the lead in something like
8 this, just as she cannot take the lead in agriculture.
9 I think she should have taken the lead in agriculture
10 in offering substitute crops to the opium poppy.

11 THE CHAIRMAN: Are there any other
12 questions or statements of Mr. Shragge?

13 Thank you very much.

14 Is Mr. Donald Mountenay here now?

15 THE PUBLIC: Mr. Wilson is going to
16 present the brief.

17 THE CHAIRMAN: Is he here?

18 Mr. William Wilson?

19 MR. WILSON: Yes.

20 THE CHAIRMAN: You are representing
21 the Crisis Centre?

22 MR. WILSON: Yes, and the House of
23 Dawn hostel.

24 THE CHAIRMAN: Could you speak more
25 closely into the microphone?

26 MR. WILSON: Because of the infancy
27 of both of these organizations, we have not really
28 a maturely organized report ready. We hope to have
29 a more formal submission ready by the beginning of
30 1971, January or something.

1 Oh the whole, we though the interim
2 report was very good and it was refreshing to see
3 a government agency that more or less was able to
4 get away from the bureaucratic problems, as it were,
5 and was able to get into a more informal atmosphere,
6 such as the Commission.

7 A few of the things that we want to
8 talk about on a national scale would be something
9 more with regard to policy throughout the innovative
10 services which you list in the report, and possibly
11 something like our Crisis Centre. And we realize
12 there are others in Vancouver, Toronto, Montreal, etc.,
13 and we would appreciate something that would more
14 or less tie these centres together, a task force,
15 possibly a newsletter or something to just let each
16 of the centres know what each other is doing.

17 MR. STEIN: Perhaps it might be
18 helpful if you could give us, very briefly, some
19 indication of what you are presently involved in.
20 You said you were of the Dawn organization, but I am
21 not familiar with your Crisis -- your Crisis Centre
22 in what sense -- telephone?

23 MR. WILSON: Well, it is a referral
24 centre. We have, primarily, this referral agency.
25 We have a part of it which is a drug line, a drug
26 line which is for the drug freakout, and something
27 like that. We have people going out on the drug
28 problems -- is that enough?

29 MR. STEIN: Do you have people in
30 the community, medical people or hospitals, back up

1 to your phone services?

2 MR. WILSON: The Crisis Centre itself
3 has a list of referral services itself.

4 MR. STEIN: Are you funded at all, or
5 is it totally voluntary?

6 MR. WILSON: Right now it is voluntary.

7 MR. STEIN: How long has it been in
8 existence?

9 MR. WILSON: We have had it in existence
10 for about two months on a limited basis, but we are
11 just getting into full scale operation now.

12 MR. CAMPBELL: What sort of people
13 do you have working at the drug centre?

14 MR. WILSON: It is more or less just
15 volunteer; answering the phone. There are no commercial
16 people involved right now.

17 MR. CAMPBELL: These people who, for
18 instance, have the concern of the phenomenon of the
19 drug use problem, use it with familiarity, street people?

20 MR. WILSON: We set it up as one line,
21 one total (portion inaudible). We have expanded
22 it now to other problems and two other lines for
23 the general referral services. People demanding the
24 drug lines, were the street people, or whatever.

25 MR. CAMPBELL: And your own role is
26 that of director, you are director of the agency?

27 MR. WILSON: Mr. Mountenay is what is
28 called the co-ordinator, and I am the director-assistant.
29 did

30 MR. CAMPBELL: And where / you come
from, to the agency? Did you found it, or what?

1 MR. WILSON: Yes, there is a group
2 of seven people who founded it. Myself, and some
3 other people.

4 MR. CAMPBELL: And the funding for it
5 at the present time?

6 MR. WILSON: Funding is private right
7 now. We are registered with the Province of Saskat-
8 chewan Benevolent Society.

9 THE CHAIRMAN: What opportunities do
10 you have personally to see the extent of drug use
11 in Regina? Do you have any first hand knowledge
12 with the kinds of drug use?

13 MR. WILSON: I have been associated
14 with the people of Bonaventure in the province, and
15 we have various people around the city, and I am
16 really not as in tune with the so-called "street
17 people" as I would like to be, actually, but I have
18 a reasonable tuning in, or whatever you want to call
19 it.

20 THE CHAIRMAN: What is the extent of
21 drug use now?

22 MR. WILSON: Well, it depends on the
23 age group. There is quite a bit of solvent, glue-
24 sniffing among the younger people. The older age
25 group, upper high school, post high school, there
26 is a good deal of LSD, and there is not really too
27 much of great abundance of marijuana or hashish
28 around. This/^{has} something to do with the amount of
29 the chemicals to be used. There is a growing inci-
30 dence of amphetamine use.

1 MR. CAMPBELL: Intravenous or ---

2 MR. WILSON: Intravenous and oral too,
3 actually. Methedrine is, actually, from what I can
4 understand, is just the beginning. Possibly within
5 the last two months we have been confronted with
6 intravenous methedrine. There is a lot of diet pill
7 taking, diet pills and benzedrine; dexedrine, and
8 things like that.

9 THE CHAIRMAN: Do you see any evidence
10 of heroin?

11 MR. WILSON: Not to any great extent,
12 no.

13 MR. CAMPBELL: When you say that
14 (portion inaudible) What will
15 be the factors that will produce this?

16 MR. WILSON: I would say -- I should
17 not really use the term because I am not that well
18 into it, it is the peer group type of thing. For
19 instance, telling other people about it and things
20 like that, and greater availability. I think greater
21 use will create a greater market, etc. , the kind
22 of market from there. It might not skyrocket, but
23 it will increase.

24 MR. STEIN: Just going back to your
25 organization, you have indicated that you wish there
26 was, perhaps, better contact between similar kinds
27 of crisis centres and yourself. Have you had any
28 contact at all with other similar services, through
29 visiting, or ---

30 MR. WILSON: We are in total contact

1 with the centre in Montreal, which I have forgotten
2 the name of.

3 MR. CAMPBELL: Which one? Jeanne Mavel,
4 Youth Clinic, Cote St. Luc, Ste. Famille, 4424 Ave. YEL?

5 MR. WILSON: We have been in contact
6 with several organizations right across Canada, but
7 not to any great extent. We are trying to set this
8 up in Regina to have them send us all the help and
9 information that they can, and we have not received
10 any information.

11 MR. STEIN: From any of them?

12 MR. MOUNTENAY: I personally phoned
13 Montreal, Calgary, Vancouver, and Edmonton centres
14 and left messages. I could not get ahold of people
15 right at the top, but I left messages that we were
16 setting this type of organization up in Regina, and
17 that we would like all the help and information that
18 we could get from them in assisting us in doing this
19 so that we do not make the same mistakes; a lot
20 could be eliminated. Since that time, we/have not
21 received anything concrete from these.

22 But I think if there was a national
23 tie-up, a task force, between the Crisis Centre,
24 Cool-Aid, whatever the names may be, it would make
25 it easier for everybody to deal with the problem,
26 and as I see it, this would work right from what
27 is happening in Vancouver. What is happening in
28 Montreal is slowly moving west, and this is looking
29 at the drug end of it, and you can almost anticipate
30 what is moving.

1 MR. STEIN: As I understand you, sir,
2 it is primarily a telephone crisis centre
3 for referral purposes. And as the programs of the
4 committee referred to in the last part of your
5 report, the innovative services were slightly
6 differently focused. I noticed in this morning's
7 Regina paper, reference was made to a local drop-in
8 centre that was in the process of getting off the
9 ground. Venture -- Joint Venture, I think it was.
10 Now, I know nothing about that service, but this
11 seemed to be a youth innovative service program
12 set up on a variety of levels.

13 Now, the reason I bring this up is
14 because I am not clear on what you have said; whether
15 you would like a national co-ordination of the
16 telephone answering service type program, which is
17 a fairly distinct entity, or across the board type
18 of co-ordination of all types of innovative services,
19 including this type that I see mentioned in the
20 paper this morning.

21 In other words, there are two different
22 focuses here. One is an ambulance kind of crisis
23 response, and the other is -- involves the setting
24 up of programs that may go beyond the crisis stage.
25 And your program appears to be a crisis oriented one.
26 Do you see them as the same?

27 MR. MOUNTENAY: Well, I was thinking
28 primarily of the immediate crisis team, regardless
29 of whether it is drugs, or whatever. This type of
30 service that is popping up because of the needs in

1 the community, tie in with all of these services.
2 As other services that are available, like drop-in
3 centres, I think that these should be set up -- I'm
4 not that familiar -- I am familiar with the drop-in
5 centre but I'm not qualified to talk about it,
6 because I'm not really that engrossed in the social
7 purposes and aims, and so on. But, what I was talking
8 about was the immediate crisis area, drugs, emotional,
9 suicides; the whole bit.

10 MR. STEIN: For all ages, for whatever
11 uses?

12 MR. MOUNTENAY: Right, for whatever.
13 Because it seems to me that the problems are national,
14 they are not peculiar, even though there are peculiar
15 problems for specific areas. But I think it is a
16 national thing, and the whole of Canada is looking
17 at this hang-up in the United States. And there
18 I know
19 should be some tie, because we are making lots of
20 mistakes that are really not necessary to make; you
21 know, have the orientation and the experience that
22 these other centres have already had. It is pretty
23 hard to do this from one point, from the international--

24 MR. STEIN: I would ask you one question.
25 business?
26 Are you now in / In other words, is there a
27 phone number listed?

28 MR. MOUNTENAY: We have a phone number
29 in Regina now.

30 MR. STEIN: Have people begun to call?

MR. MOUNTENAY: Yes. We started with
923-7800, which was a single line, and we advertised

1 this in the paper, or through the news media, and
2 the response was overwhelming. They just caught us
3 with our pants down, so we had to stop publicizing
4 the number until we got organized a little bit better,
5 and had referral agencies and this sort of thing,
6 you know, follow-up type of thing.

7 MR. STEIN: How many calls would you
8 have received?

9 MR. MOUNTENAY: I would say, when the
10 number first went out, we were averaging maybe two
11 or three dozen a day. Out of this, I would say four
12 or five were crisis type things where we had to go
13 out and look at the situation. We are averaging now,
14 maybe two or three or four a day, and it would amount
15 to maybe four or five a week that we actually have
16 to go out to, you know, drug crises, or whatever.
17 But the four or five we are averaging^{now,}/is on a number
18 that we have never put out to the public. We haven't
19 put our new number out yet. And ---

20 MR. STEIN: How would people be able
21 to obtain the number that is not made available to
22 the public?

23 MR. MOUNTENAY: It is a sort of word
24 of mouth type thing. They drop in at the centre,
25 and, of course, the phone numbers are there. And it
26 is just something that has been sort of spread around.

27 MR. STEIN: One other point. In
28 Vancouver, the Crisis Centre which started there
29 about two years ago discovered -- or, it felt, at
30 least, that they had discovered a need to make a

1 number available to young people which did not have
2 to be a crisis number, as it were. In other words,
3 it was a number for young people calling in to talk.
4 They found that they were receiving very few calls
5 from persons under seventeen or eighteen because
6 they didn't like the notion of having to be in a
7 state of crisis to establish contact. And many of
8 the calls that they received on this other number
9 have been around the anxiety level, of find out who
10 you are, and sensing, and this sort of thing. They
11 have used young people to staff these lines. They
12 call it now -- you might, when you contact them, be
13 interested in finding out just how they structure
14 this sort of dual crisis arrangement.

15 MR. MOUNTENAY: We see the need for
16 a rapid line, you know, just ring up and talk, for
17 kids, because even on our crisis number we are
18 getting people phoning in; kids and young adults
19 are phoning in, who want to rap about drugs or who
20 want to rap about anything. The other day a guy
21 phoned, and he had some acid and he wanted to know
22 whether he should drop it or not. All he really
23 wanted to do was talk about it.

24 MR. STEIN: What did you say?

25 MR. MOUNTENAY: Well, it's like this.
26 My experience, as I saw it -- I didn't encourage him
27 one way or the other. I just placed the facts as
28 I saw them and -- of course, he was asking questions
29 like what was it going to do to him. You know,
30 seventy people take acid, and it does seventy different

1 things. These are the sort of answers I was giving
2 him.

3 Of course, my usefulness ended there,
4 and I recommended a professional person who had been
5 dealing with this sort of thing, and of course, he
6 phoned him up and it was followed through.

7 MR. CAMPBELL: One of the things that
8 is put to us often is that people operating services
9 such as this should be people with whom an easy
10 rapport can be established. It's not often articulate,
11 but it is often implied that these people should be,
12 very visibly, people who appear to be of this culture,
13 close to this culture. You are the sort of people
14 that are involved in this service, as far I can see,
15 and, frankly, I am a little bit puzzled. And I am
16 interested at this point: Does your appearance
17 influence your effectiveness? Your hair is very
18 short. Is this effective?

19 MR. MOUNTENAY: Well, Mr. Wilson, I
20 think you had better answer that. You cut your hair.

21 MR. WILSON: Well, I will try to
22 answer this on the basis -- it's hard to say. It is
23 usually the ability to communicate with the individual
24 that is the overlying thing. Now, the first impression
25 of some people, of course, is negative. It helps if
26 you look like a freak. But we are not all there is
27 to the centre, of course. There are some reasonably
28 freaky, kooky looking individuals. So that about
29 says it, except, I was on a call -- I think it was
30 on Tuesday, and it was interesting because the girl

1 that we were going to see was having a bad time on
2 acid and she wanted some help. I came in with a
3 fellow that I am working with, Frank Tonky, and he
4 has reasonably long hair. I came in, and she was set
5 on by the fact that he looked like a freak. Now,
6 she was reasonably straight, you see, and for some
7 reason -- the reason for her taking the acid was
8 investigative or something like that. But she was
9 very straight thinking, and she didn't want to see
10 a hooked hippie come in and talk to her. It was
11 interesting.

12 I couldn't actually communicate with
13 her more easily than he could -- it's something that --
14 it's a good point; just something you have to do for
15 each individual cause.

16 MR. CAMPBELL: This point also raises
17 all sorts of questions about the type of people who
18 have become involved.

19 MR. WILSON: Yes. You really can't
20 start putting restrictions on appearance.

21 MR. CAMPBELL: A lot of people do.

22 MR. WILSON: Well, maybe ---

23 MR. CAMPBELL: What made you form this
24 organization? What were your own motives?

25 MR. WILSON: The overall forming of
26 the organization was Don's baby, or whatever. I stayed
27 to help him because he needed help. The basic reason
28 for starting -- you'd better start talking about it.
29 (Indicating Mr. Mountenay).

30 MR. MOUNTENAY: I would like to make

1 a few comments on how come we look so straight.
2 I guess I am hooked, I'm married, I've got a little
3 boy, five. I had a businesss in Regina until I started
4 this. I don't think it really matters what your
5 appearance looks like; it's where your heart is.
6 You know -- like, I mean, I saw that it doesn't
7 really apply to people with long hair or people with
8 short hair. I had a little bus trip all summer. I
9 had to go to Toronto, so rather than take the car, I
10 took a truck and, of course, I picked up every hitch-
11 hiker on the way. It sort of got me in the habit of
12 going back and forth on the Trans-Canada for a while
13 this summer.

14 And, through this, I met a lot of
15 really far out people, plus a lot of really straight
16 university kids, and far out university kids. I met
17 all kinds. I came back to Regina and I started a
18 And through this hostel that
18 hostel./I saw the needs of the people / were coming
19 to the hostel, plus the needs of the community. I also
19 were
20 saw everybody else who / afraid to start it. In my
21 wisdom or ignorance, I just started without looking
22 at the consequences. And, of course, once you are
23 into it, you are into it and you do the best you can
24 with what you've got.

25 But the Crisis Centre is such that it
26 takes all kinds to deal with all kinds of people.
26 that
27 There are a lot of people / look at me and put me
28 in the Establishment right off the bat because, you
29 know, I have short hair, I use V05, and this sort of
30 thing. But, like, Willie had really long hair. I

1 didn't ask him to cut it because we don't care if
2 he is long haired or short haired, coloured, or what.
3 We don't have any work restrictions. Willie did cut
4 his hair for the same reason that I keep my hair
5 short, I guess. It's the fact that I have to deal
6 with a lot of people and even though I -- we have
7 people on our staff, with real hair-do's, far out
8 clothes, and the whole bit, and I take them with
9 me if it's his area, or even if it's the Mayor's
10 office or whatever. So, I believe we have a complete
11 cross-reference representation.

12 As far as drugs are concerned, I'm
13 very concerned with drugs, because, actually, there
14 weren't too many people around when I decided to --
15 and, of course, this makes me want a lot of people
16 around, and the kids want to cut it off themselves.

17 But, of course, the Crisis Centre is
18 only looking at the immediate need of drugs. We are
19 not looking to rehabilitation, we're not looking for
20 anything. This is strictly -- you go out in the
21 street and you are right then and there turned over
22 to whomever we feel can handle it. We have a screening
23 committee of doctors, and this sort of thing, that looks
24 after the referral agencies. We are just in the
25 process of setting it up, and we're getting lots of
26 help, we've got lots of backing, so it's no problem.

27 MR. CAMPBELL: Could you tell me,
28 perhaps, something about what you feel is the place
29 of drugs in the life of younger people in this city;
30 what these people feel about life in Regina, Canada;

1 how they react to the society around them?

2 MR. MOUNTENAY: We are always missing the
3 boat when it comes -- I think the only way we will
4 ever find this out is to have a very relaxed crowd
5 meeting for the general public or the kids/so that
6 they can say what they want to say and not offend
7 anybody. This is the only way you are going to find
8 out. I can't answer for the kids.

9 Every kid's reason is different, if
10 they have a reason. And they really don't need a
11 reason. They just do it; it is the accepted thing.
12 I think this is where this Commission is missing
13 the boat -- they should have a very quiet, informal
14 meeting with kids.

15 MR. CAMPBELL: We do.

16 THE CHAIRMAN: We have/many such
17 meetings. Where are the kids this morning?

18 MR. MOUNTENAY: I think they hesitate
19 to come to something of this nature. If you come
20 down to my place, you will find it full.

21 THE CHAIRMAN: But, the room was full
22 yesterday. This is our third public hearing.

23 MR. MOUNTENAY: Where were you yesterday?

24 THE CHAIRMAN: In Winnipeg, and we
25 were in the Maritimes two weeks before, and the rooms
26 were full of young people. It was yesterday. We have
27 never had any sense of inhibition.

28 MR. WILSON: With the same amount of
29 advertising?

30 THE CHAIRMAN: Exactly the same. This

1 is in the last phase of our hearings, it is the
2 seventh. And, of course, in the interim phase, we
3 have heard many. In fact, it was said that they
4 formed the greater proportion of our hearings. We
5 were hearing from them rather than from other groups.
6 The last time we were in Regina we heard a lot from
7 them too. The room was full of them.

8 THE CHAIRMAN: What does the community,
9 then, think about kids?

10 MR. MOUNTENAY: The community?

11 MR. CAMPBELL: What does the community
12 think about young people in general, people with a
13 different life-style?

14 MR. MOUNTENAY: As far as the general
15 public is concerned, it is physically a cross-reference
16 of people. These people can understand, and other
17 people can't. I'm not really in the position to
18 state an opinion as to what the community thinks
19 because I'm not really in that scene yet.

20 I know what my friends think about
21 drugs, but we understand that it is happening and
22 there has to be something done about it, and this is
23 it. I have been too involved with the immediate
24 thing to really get out and mix with the community,
25 and I have not really gotten out into the community,
26 and this is how I can find out more about it.

27 MR. CAMPBELL: Do parents ask you
28 about experimenting with drugs?

29 MR. MOUNTENAY: I would say about
30 sixty percent of our calls are from parents who know

that
1 that their kids are on drugs. And the ones / have
2 called have sort of indicated that they know. They
3 have done everything they can to get the kid to quit
4 using drugs, and there was no way they could do this,
5 and so now they want information and education, and
6 all sort of things. And they want to understand the
7 problem and maybe do something about it.

8 MR. CAMPBELL: What causes the anxiety?
9 What upsets them?

10 MR. MOUNTENAY: It is the result of the
11 drugs; the kid coming home and giving the mother a
12 hard time. The communication is gone, whereas the
13 next morning things are back to normal again, and all
14 the little frustrations are put away.

15 We have not really had that many calls
16 to get a cross-reference on the type of calls, but,
17 as I see it, from the telephone, it is adult
18 education on the lines of what it is all about,
19 rather than on the lines of what it is -- this is
20 important too, but what is happening, so that
21 parents can understand what their kids are doing.

22 THE CHAIRMAN: The gentleman at the
23 microphone?

24 THE PUBLIC: As Director of the
25 Family Service Bureau of Regina, our staff and myself
26 have been involved, for the past three years, in
27 various committees, developing public interest,
28 support, plans for coffee houses, drop-in centres,
29 and the Crisis Centre. I just found out that there
30 is to be a board meeting of this group in my office

1 at noon today.

2 A year ago there was a great deal of
3 official and parental hysteria about drugs. This
4 has been eliminated. We do not get the frantic calls
5 that we were receiving.

6 Now, there are three houses in Regina
7 that are serving this group directly, with people able
8 to get help who are on drugs. And quite often they
9 bring them over to our office for a session with
10 parents; and maybe our staff on a crisis call, can
11 get together with the parents, and so on.

12 I like the Commission's studious
13 approach on this. Maybe I am a little bit more long-
14 haired than the Commission myself, but I don't think
15 this is important. I agree with Donald. It is how
16 I feel inside my guts that the kids can sense, not
17 the kind of uniform I wear. I think there is a lot
18 more good sense that could be shown with the drug
19 situation.

20 The three houses are, I think, doing
21 a great deal. Don was over at our place. I don't
22 know if he gets down to the other official organi-
23 zations as much as to our place, but he is over there
24 a great deal to see how to set up a proper cost
25 accounting system so the public will know what is
26 going on. I like the way they are going about it.
27 They are not two feet in this world, the straight
28 world, and two feet in the other, but mixing with
29 the cross-section to have this rapport, people who
30 have this rapport available, to have an open line for

1 kids who are in search. So, I am interested to see
2 what is going on in this. I can't help but admire
3 the fact that my old friend, Dr. Lehmann, is on this.
4 I think he has put a lot of good sense in the signs
5 of what is going on.

6 THE CHAIRMAN: Yes, would you like to
7 come to the microphone, please?

8 THE PUBLIC: I am Dr. John Campbell.
9 First, with the attitude to drug taking, I spoke in
10 Toronto at your first session there. I was on a lot
11 of hard stuff, I was graduating into methedrine and
12 speed and(preludin). I had a practice in Don Mills
13 as a chiropractor. I got introduced to speed
14 addiction through(preludin)and this is why I have
15 tried to hit hard at iatrogenic addiction, medically
16 induced addiction. It came from the pharmacies and
17 the peddlers were the medical doctors.

18 Some of my best friends are doctors,
19 and I have no beef with that. But I see a vicious
20 circle in, sort of, the economics of drugs within
21 the Establishment. In Don Mills I found more addiction
22 in the middle class and the upper middle class, the
23 sophisticated addiction, where they are going to
24 many doctors with many scripts, and doctors
25 were giving them diet pills; sleeping pills.

26 All research has shown that these
27 pills are not helping the obesity problem. Rather
28 than building hospitals to tackle the nature and
29 factors of obesity in our society, we use a pill
30 as a substitute for a problem that is basically

1 either endocrine or possibly, psychogenic.

2 My reaction to the first report -- I
3 still feel a little nervous. Maybe if I tell a joke
4 I will be more relaxed. (Portion inaudible)

5 I will get back to the first report.
6 I was talking to Dr. Elliott Bertrand twenty
7 years ago when I was living in the Village. I have
8 many friends in Persia and they said before the laws
9 came in there was no real problem there with opium.
10 They said -- Dr. Bertrand is a scholar. He was
11 educated (Moscow) University, a very leading scholar.
12 And he said what he noticed in New York was that
13 we had turned an addict, possibly a sick person, into
14 a criminal by our cultural reaction towards him as
15 an individual, and that we had really set up a money
16 game where he had to go and rob and steal and commit
17 acts of crime; and that, basically, the problem was
18 not inherent, it was in the cultural reaction to the
19 drug situation.

20 This is the way I see it in Regina.
21 We are talking about heroin, but I worked all summer
22 in Moose Jaw, and for every thousand bottles of
23 Cutex nail polish, I found only about one or two
24 needles, or any indication of heroin or crystal or
25 methedrine problem.

26 I have children who come to my place,
27 and they tell me that the problem begins in public
28 school. They can't afford LSD and grass and the other
29 stuff so they turn to Cutex and glues. And this is
30 one of your real big problems in Regina today.

1 I repeat that if you looked in Rascona
2 Park, I would say about five thousand bottles of
3 Cutex would be found. Thus, I am speaking subjectively.
4 I am not competing with behavioural scientists. I'm
5 speaking only as a human being in a valid life
6 situation.

7 And the kids don't want to tell about
8 the real problem in the schools, the Cutex, etc.
9 They simply can't afford higher stuff. They go home
10 to the family, they see their father and mother drunk,
11 they see their father and mother whose cabinets are
12 filled with medically originated drugs. I stress this.

13 This is why I would like to say, that
14 I have read your book and followed you very carefully
15 through Canada, and my recommendation to this panel
16 is that a second commission be set up on the medical
17 use and abuse of drugs, and to tie this in with the
18 pharmacy companies as a profit making organization
19 that is turning out drugs by the millions that all
20 research has shown are not valid. It is much easier
21 for a medical doctor to give out a pill than to spend
22 an hour with the patient treating the total patient
23 in a total life situation, or social situation. The
24 pill is a sort of replacement.

25 Now, my reaction to the Crisis Centre.
26 We have a planned operation in Regina here, the
27 Addiction Centre, (Myer's) House, which is touching
28 only one fraction of the population of Saskatchewan.
29 If you go to Saskatoon and talk to the Addiction Centre
30 up there, it has taken them nearly ten years to get

1 even a tiny unit started. So, I'm not appealing to
2 the board, I'm appealing to everyone in this room
3 to work through their churches and their organizations
4 to start pouring a little money into the addiction
5 program in Regina, and in Saskatchewan; to write to
6 their legislators and to their newspapers, etc.
7 Because in the long haul of history--repression is
8 a temporary measure, like the F.L.Q. But, from the
9 long haul of history, it is only going to be through
10 research and creative exploration of the problem.

11 Now, my reaction to the Crisis Centre,
12 House of Dawn. It is replacing something
13 that is not following the Establishment. In the
14 traditional agencies, records are kept. Now, what
15 I am suggesting is, a hospital in Saskatchewan,
16 something like the Clarke Institute, only where
17 youth approaches youth, where no records will be
18 kept, or, names and addresses won't be. At least
19 have some part of that hospital where a person can
20 come without having to divulge their identity and
21 address, and they can be treated on that basis.
22 Because all of these agencies, whether they are
23 Trailers or CRYPT or Cool-Aid, are indicating a lack
24 of something in the Establishment, and something lacking
25 /lacking in these agencies is a record, a record
26 going back to college or getting a job after getting
27 out of prison, etc. You can hold up a white flag
28 if you are tired of my talking.

29 All I am saying is, I can't compete
30 with the statistics, or the behavioural scientists.

1 They wouldn't agree with me. But I was brought up
2 in a profession dedicated to the non-use of drugs,
3 chiropracty.

4 While going through the chiropractic
5 college and being brainwashed into the non-use of
6 drugs, I was also working at Regina Hospital for
7 ten years in the use of drugs. So, I see a length drip,
8 or a pin drip, or digitalis, I see these drugs
9 as valid. I don't see the problem in the medical
10 and legitimate use of drugs. I see the problem in
11 the medical misuse of drugs. And again, I repeat,
12 I do not hate medical doctors; they are my best
13 friends. Every medical specialist I have talked to
14 has repeated the same thing.

15 If the Commission would follow this
16 up with an exploration into the medical use and abuse
17 of drugs, LSD, amphetamines in 1933, all of these
18 drugs originated within medicine.

19 Now, whether the law is changed or
20 not, I don't think it is going to affect anything.
21 Regina is floating in a sea of acid, and I don't
22 think any law is going to change that. You know
23 that and I know that. It reminds me of the moonshine
24 wars during the Depression.

25 I come from a family who bought a
26 sixty percent controlling interest in one of the
27 biggest distilleries in the British Empire, and they
28 got it through bootlegging. So I think that in
29 trying to understand ---

30 I feel a little less nervous now, so

1 I will just come up any time I feel that something
2 is said that is just not valid, if you don't mind.
3 Thank you very much.

4 THE CHAIRMAN: Thank you.

5 Any further questions or comments for
6 Mr. Wilson and Mr. Mountenay? If not, thank you very
7 much then.

8
9 MR. HEALD: Thank you very much,
10 Mr. Chairman and members of the Commission.

11 The Government of Saskatchewan would,
12 first of all, like to welcome you to this province on
13 this snowy morning, and perhaps before you leave
14 we can turn the sun on a little bit and give you
15 a glimpse of our Saskatchewan blue skies.

16 I am pleased to be here this morning.
17 As you know, I have made known views of the Government
18 of Saskatchewan at the request of the Minister, of
19 discussion at a meeting held with the Attorney
20 Generals in Halifax in July. And at the request of
21 the Commission I did make available/ ^{to you and the} Commission a copy
22 of our brief /to the Commission at that time.

23 Now, my purpose this morning is to,
24 if you like, summarize the position at that time,
25 which hasn't changed insofar as our Government is
26 concerned. And perhaps, supplement that brief with
27 a few additional comments.

28 First of all, as I said in our brief,
29 it is our impression that up to the time of the
30 interim report there had been limited participation

1 of the police forces in your inquiry. We thought
2 there was an inference in the report, that not too
3 much credibility should be given to police representa-
4 tion due to self-interest.

5 The Government of Saskatchewan does
6 not agree with this view of police representations.
7 I suppose, maybe there is some self-interest. You
8 might also say that there would be self-interest of
9 a drug oriented individual who, naturally, favours
10 legalization of the use of drugs. And, I concede
11 that you have to listen to both points of view. But
12 it is our feeling that the interim report paid too
13 much attention to the submissions and representations
14 of a group which could be said to be self-interested.

15 We felt that the recommendations,
16 because they applied to all drugs, amounted to
17 practically a moratorium on enforcement. Now, the
18 report, of course, does stop short of legalization,
19 because legalization is not possible at the moment
20 because of Canada's commitments under the Single
21 Convention on Narcotic Drugs (1961).

22 We wonder, if the Commission were
23 not expressly authorized to recommend changes in the
24 law, why they have seen fit to do so without the
25 knowledge and benefit of final investigation.

26 We also question whether the use of
27 public forums to evaluate public opinion were not
28 overdone. Now, we concede that it is necessary
29 and useful to the Commission. It would seem to us,
30 up until the interim report, the Commission had

1 received an overwhelming imbalance of opinion, in
2 that the non-users, who far out-number the users,
3 did not participate in these forums to any great
4 extend.

5 We wonder, for example, why the Commis-
6 sion -- and I think this is right -- according to my
7 information, the Commission did not receive the benefit
8 of the experience and knowledge of experts from the
9 Department of National Health and Welfare. Specifically
10 officers of the Division of Narcotic Control, who,
11 I am informed, have been and still are, responsible
12 for the administration of the Narcotic Control Act
13 and Parts 3 and 4 of the Food and Drugs Act.

14 Then, we felt that there seemed to be
15 an exclusion of international expertise. The Commis-
16 sion on narcotic drugs of the Economic and Social
17 Council of the United Nations organization, we
18 thought, could have contributed meaningfully to the
19 Commission's deliberations.

20 Another thing that concerns us very
21 much is that if the interim report/^{were} accepted in
22 total, in our view, there would be a distinct
23 possibility that drug oriented individuals in the
24 world, and particularly in the United States, would
25 migrate to Canada to find a haven where drugs could
26 be used with a minimum of apprehension and without
27 much regard/^{for} the interests of this country.

28 Further, it would appear that, in our
29 judgment anyway, the problem of non-medical use of
30 drugs was approached from the angle that drug use is

1 "not bad", perhaps not even dangerous or harmful.

2 If that is the case, its use should be the
3 right of personal choice and there is no basis for
4 law to place any limits on this choice. It seems
5 to permit the premise that the government should
6 not legislate morality. Saskatchewan believes the
7 Commission should have taken the view that this is
8 a matter of great import so far as public and
9 personal health are concerned, as well as general
10 social and economic order.

11 Saskatchewan is concerned that the
12 Commission's findings might have the effect of
13 misleading the public with respect to the whole
14 spectrum of drug abuse. One would have thought
15 somewhere in the report the Commission might have
16 made some recommendations against the non-medical
17 use of drugs and brought out the relative harmful-
18 ness.

19 Now, the report talks to quite an
20 extent about prohibition in the U.S.A. and partial
21 prohibition in Canada, and says that this failed
22 because "the law threw up its arms". This is
23 intended to be a comparison to the drug abuse situation.
24 Actually, I suppose you could say prohibition failed
25 because a national plebiscite for adults decided
26 in favour of alcohol rather than against it. The
27 problem today, the drug problem, is primarily a youth
28 problem. And many of those involved are adolescents of
29 the tender age of ten or eleven who are not responsible
30 for their actions, who cannot make a responsible

1 decision concerning themselves. And surely there is
2 great need for this group to be protected by the law.

3 The report makes comments about writs
4 of assistance and the use of them violating the
5 concept of the freedom of the individual. I can only
6 speak from our experience in this province, Mr. Chair-
7 man. In this province, in our experience, writs
8 of assistance are not abused. Their use merely
9 empowers a police officer to search when necessary.
10 The officer must have reasonable and probable grounds
11 and, consequently, has no more authority than under
12 a search warrant, and we believe, in any event, the
13 present safeguards of the law are adequate in this
14 regard.

15 Now, in analyzing the recommendations,
16 we would have the following comments to make:

17 First of all, the comments of the
18 interim report concerning possession should be
19 considered in light of the fact that there is a very
20 important relationship between "possession" and "use"
21 of drugs. The law was intended to control the "use"
22 of drugs and a law that would permit an individual
23 to "possess" drugs is one that would, surely, condone
24 the use of them. Drug abuse spreads from one person
25 to another and it is the users and pushers who breed
26 new users. It, therefore, follows in our view,
27 that the offence of possession does serve a very
28 real purpose.

29 The comments made about multiple use
30 of drugs should be considered in light of the fact

1 that police investigators indicate that multiple use
2 of drugs is a fact. In Saskatchewan, the R.C.M.P.
3 indicate that during the last number of months police
4 have questioned on a voluntary basis, over three
5 thousand drug users. Of that number, over two thousand
6 admitted to using multiple drugs: marijuana, hashish,
7 LSD, MDA, methamphetamines, amphetamines, barbiturates,
8 etc. The police tell me that in this survey two out
9 of three users indicate that the first drug they used
10 was marijuana.

11 Now, dealing with research, the Commis-
12 sion clearly recommends that this be done by an
13 independent agency, one that has nothing to do with
14 law enforcement. And I suppose the inference there
15 is that law enforcement agencies might be biased.
16 I would think an independent agency, of course,
17 wouldn't be, in a sense, but we believe that law
18 enforcement agencies, through their experience, have
19 much to contribute, and should not be excluded from
20 coming forth with their suggestions.

21 Saskatchewan is very much opposed to
22 the reduction of penalty for possession to a maximum
23 fine of \$100.00. We also object to the provision for
24 civil recovery of fines. We think this is com-
25 pletely impractical, and reduces this offence to,
26 perhaps, the status of a littering offence or a parking
27 ticket offence. The penalty would serve no use as
28 a deterrent and we believe that if this recommendation
29 became a reality, only token enforcement would be the
30 end result. We also oppose the suggestion that the

1 option to proceed by indictment should be denied
2 the Crown. Surely the Crown is entitled to look at
3 the drug involved, the quantity, the individual
4 concerned, whether a first or subsequent offence,
5 and so on.

6 Saskatchewan disagrees with the
7 recommendation that cannabis be transferred to
8 Schedule "J" of The Food and Drugs Act. There is
9 greatly increasing use of hashish and it is now
10 being illicitly marketed in a professional manner.
11 For these reasons we believe that it is necessary
12 that cannabis be retained under The Narcotic Control
13 Act.

14 We do not agree with the Commission's
15 comments about entrapment. The practice of entrap-
16 ment is not practiced by the police in Saskatchewan.
17 Perhaps the Commission is confusing the use of
18 undercover agents with the concept of entrapment
19 which is an American concept. If the police are to
20 be deprived of the vehicle of undercover agents as
21 a means of investigation, then, of course, the law
22 becomes less enforceable and the administration of
23 justice suffers. It has always been permissible
24 under the laws of Canada to employ undercover agents
25 to detect perpetrators of crime and the courts have
26 upheld that this involvement is necessary. However,
27 when the act of an agent induces a person to commit
28 a crime not contemplated by him, the agent is
29 considered to have engaged in an act of entrapment.
30 Of course, we condemn this. We are confident that

1 the full force of the law can be used and is used as
2 a deterrent to this type of conduct.

3 Now, Mr. Chairman, the Commission
4 devotes three pages to the topic "Drugs and Crime".
5 The report recites the evidence given by the R.C.M.P.
6 of the close relationship between the commission of
7 crime and the use of drugs and then proceeds, I think,
8 to disregard this evidence, to some extent anyway,
9 with the following comment, and I quote: "We feel
10 that at present there is a lack of adequate evidence
11 to support the contention that the use of drugs under
12 discussion leads significantly or generally to other
13 forms of criminal activity with the exception of the
14 heroin users' criminal behaviour to support his habit."

15 In our province we have impressive
16 evidence linking drug use of criminal offences. The
17 last two violent deaths in our province were committed
18 by individuals while under the influence of drugs.
19 For example, in the last eighteen months or so, the
20 R.C.M.P. reports indicated that the criminal offences
21 that have been known to occur while under the
22 influence of drugs number 58 in the province, which
23 is quite a few for the province of Saskatchewan;
24 complaints of drug abuse confirm the reports, but
25 no evidence to substantiate the charge, 141; number
26 of deaths attributed to misuse of drugs in the last
27 year and a half in our province, 10; number of indi-
28 viduals receiving medical attention due to the misuse
29 of drugs, 63. So, we think that it is a pretty
30 serious problem, and we think there is a relationship.

I only want to make one or two other comments, Mr. Chairman. I am sure you have seen this, it is a critique prepared by Mr. Hoskin of British Columbia, and there was some reference in the report to the N.A.F. brief, the Narcotics Addiction Foundation brief, with the graduation of people from soft drugs to heroin. And I would just like to quote from Mr. Hoskin's critique. He says, "In the case of heroin dependency, the N.A.F. is increasingly producing new research evidence about this medical and social phenomenon. Prior to 1969, the vast majority of the heroin addicts treated, followed a common life problem, that is, they came from financially and socially impoverished homes, had been delinquents in adolescence, had left home and school in their mid teens, and had begun their drug use with heroin. They were generally in their thirties by the time they sought help from the foundation. However, commencing in 1969, and into the first months of 1970, a very large number of heroin addicts were perceived, who did not fit the old pattern of addiction. It was indicated that they came from middle class or better homes, had very little delinquency in adolescence, and had experimented with a variety of other mood changing drugs prior to using heroin. Two hundred and fifteen of these multi-drug users have been in treatment at the N.A.F. for heroin addiction for some period during the first six months of 1970. In relation to their first contact with drugs, 45.6% of drug addicts, 98 began

1 drug use with marijuana; 17.2%, 37, with LSD; 9.3%
2 began with amphetamines, 14.4% with barbiturates,
3 13.5% with narcotics other than heroin.

4 From discussions with N.A.F. patients
5 and staff, it is now obvious that an increasing number
6 of adolescents are becoming involved with drugs and
7 are no longer content to remain satisfied with their
8 original drug of choice and/succumbing to the massive
9 addictive relationship of heroin dependency."

10 He goes on to say that, "I support
11 the statement of the N.A.F. that at no time has the
12 Foundation stated that there is empirical evidence
13 that the use of a mood changing drug will ultimately
14 lead to heroin addiction. Until we have some
15 knowledge of the total user population, we cannot
16 state whether drug transference is cause and effect,
17 automatic progression, coincidence, or whatever.
18 What we can say is that an increasing number of users
19 are coming to our attention, an increasing number of
20 users of more than one drug, and the number who move
21 from multi-drug use to heroin and who are in the
22 age group of sixteen to twenty-three, shows an alarming
23 increase.

24 What is happening in this province" --
25 that is, British Columbia -- "parallels the heroin
26 phenomenon in the United States and will, in time,
27 spread eventually, to other areas of Canada, parti-
28 cularly with the increasing movement of vulnerable
29 adolescents back and forth across the country."

30 Now, Mr. Chairman, those are the comments

1 that I wanted to make. The government of Saskatchewan
2 feels very strongly about this matter, as I am sure
3 everybody does. I should tell you this, that since
4 we made our views known, at the Conference of
5 Attorneys General in July, we have had a great deal
6 of public reaction in this province, and it has been
7 almost universally in favour of the stand that we are
8 taking. The people of this province are frightened
9 to death. We are absolutely alarmed at the possibility
10 of there being any weakening of the Narcotic Control
11 laws, drug laws, governing the non-medical use of drugs.

12 Our government feels so strongly about
13 this that in the unlikely event that the Government
14 of Canada will, in the near future, or at any time,
15 consider easing the penalties for the non-medical
16 use of drugs, in the unlikely event that this were
17 to come to pass, the Government of Saskatchewan would
18 find it necessary to look at our constitutional
19 competence to do something about it on a provincial
20 level, so far as the provincial laws are concerned.
21 We are convinced that we have this recourse. The
22 vast majority of people in Saskatchewan, the members
23 of our government have attended meetings all over
24 the province, and there has not been one meeting
25 where this has not been brought up by the public.
26 This is a murmur of the grass roots, Mr. Chairman,
27 and I came here this morning because I want to
28 represent those people. Thank you.

29 THE CHAIRMAN: Thank you, Mr. Heald.

30 I would like to take this opportunity

1 to make certain clarifications of fact on matters
2 which you have raised in your brief. It is not our
3 purpose to defend our interim report. We are here to
4 listen and continue our inquiry with an open mind and
5 do our best, and we will express it in our final report.
6 But it is in the public interest that certain questions
7 of fact as to the manner in which we are proceeding
8 are clear.

9 I speak first with reference to the
10 impression which you seem to have formed about the
11 importance which we may have attached to try to get
12 the views of the police, law enforcement officials.
13 When we began our public hearings in September --
14 actually, October of last year, and we began preparation
15 in late summer, September -- we sent invitations to
16 over seven hundred institutions and individuals in
17 this country who had, in our opinion, would have
18 appeared to have had a particular contact with involvement
19 with this whole question, with views that we wanted
20 to be as sure as possible of getting. And, as stated,
21 I do not think that any of the facts have not been
22 disposed of in that report directly or by clarification.

23 We sent invitations to all the law
24 enforcement bodies in this country and all the police
25 forces, to yourself, sir, I believe, and to all the
26 others holding your office in this country. Our
27 earliest meetings were meetings with the R.C.M.P.
28 We had private hearings with them, including not just
29 the officials in Ottawa, but they were brought from
30 all over the country to other meetings with us,

1 representatives and officers from all divisions in
2 Canada, and they brought written briefs, and we spent
3 a great deal of time going over these briefs. Those
4 briefs reported not only on the experience of the
5 R.C.M.P., but on the views of the local police and
6 local enforcement officials. We then, of course,
7 heard the R.C.M.P., a public brief, at our first
8 hearing in Toronto, and they were the first organization
9 in this country to testify before us in public.

10 Additionally, we heard from police in
11 Vancouver, Winnipeg, Montreal and Toronto. As far as
12 I can recollect, we did not hear from the police in
13 Regina or Saskatoon when we were here. We have also
14 received written communications from time to time,
15 directly to us, from these officials, and we have been
16 in contact with law enforcement officials in what I
17 call, private hearings. I emphasize the fact that our
18 public hearings are only one means of our inquiry,
19 and we have private hearings with groups and individuals.

20 I should like it, therefore, to be clear--
21 and we also heard in Winnipeg, on our first round, from
22 the Crown Prosecutors, the Senior Prosecutors from the
23 Department of Justice, who gave us not only their own
24 perspective, but who reported on the general attitude
25 of law enforcement authorities in this country.

26 So, I am obliged to record that the
27 Commission has made every reasonable effort to get
28 the benefit of the views of the law enforcement
29 authorities and will continue to do so.

30 On the second matter, concerning sources

of
1 which we have investigated, from the beginning /our
2 inquiry we have had frequent contact with the officials,
3 our staff have had frequent contact with the officials
4 of the Food and Drug Directorate and all aspects of
5 their work. And in particular, we received a good deal
6 of statistical data and assistance from Mr. Charles
7 Hammond, Director of the Narcotic Control Division.
8 We are still meeting with the Food and Drug Directorate
9 officials, and we invited them, the whole Department
10 of National Health and Welfare, to make a public
11 submission. It was their choice not to make a public
12 submission, but they were satisfied to rely on direct,
13 informal and frequent contacts which we have maintained
14 with their staff, and this has been the case. We have
15 received co-operation from them.

16 Those are essential matters of fact as
17 to the manner in which we have proceeded and in which
18 we will continue to proceed.

19 I should say that we are really obliged
20 for the detailed and forthright statement which you
21 have made on behalf of the government. And dealing very
22 specifically with our recommendations, I would observe,
23 perhaps, on one further question of fact, that we
24 have also been in contact with officials at an inter-
25 national level. We have, from the beginning, a complete
26 library of the documents of the W.H.O. and the other
27 national control bodies. Our staff, and indeed, members
28 of the Commission themselves, have been in contact
29 with officials at the international level and will
30 continue to be during the balance of our mandate.

1 Now, I should invite any questions or
2 comments with respect to this submission.

3 Lady at the microphone?

4 THE PUBLIC: Commenting on Mr. Heald's
5 report; he mentioned setting up the offence, and I think
6 this is what you called an entrapment. I did a drug
7 report several times, and when I questioned the City
8 Police, they do, in fact, use this. It is not in
9 general use, but it can be used in circumstances which
10 they think warrant it, and, I don't know if that so
11 much concerns me as the fact that it could be done
12 and can be used, in fact, to arrest the people that
13 they want to arrest by setting up an offence. Because
14 as far as I can see, there are a lot of people right
15 now who could be arrested using this technique, and
16 right now they do select/people/they want to use it
17 on, because they don't have to use it generally,
18 and I know that they don't. But they can, and I don't
19 think that they should be allowed under law to use
20 this.

21 Also, when you mentioned crime
22 connected with drugs -- also from the police depart-
23 ment, they said, when I mentioned it, that the people
24 who have been arrested for committing crimes or
25 violating laws under the influence of drugs are
26 not people who have no criminal record or who have
27 just gone on drugs and consequently committed crimes.
28 They are people who already have criminal records
29 and who use drugs, but would probably would have
30 committed other crimes even if they were not under

1 the influence of drugs.

2 And also, I would like to say that
3 the only way that I can see that you can really treat
4 people who are on drugs, addicted to them, who don't
5 want to be addicted to them, is to loosen the laws.
6 Because, right now, you have got people who obviously
7 have some problem mentally, that causes them to take
8 drugs. And I don't think you are helping them at
9 all by making criminals of them.

10 THE CHAIRMAN: Yes.

11 MR. HEALD: Well, first of all, if the
12 City of Regina Police Department are indulging in
13 entrapment, as I explained the difference between
14 entrapment and the use of agents, then I would like
15 to know about it and I would like to have the chaps
16 referred. It's not my information that they are indulging
17 in entrapment, and, I/condone entrapment; there's no
18 doubt about that. It's the use of agents which is
19 wrong. So, the information I have, as far as the
20 R.C.M. Police are concerned, would indicate that
21 they do not use the technique of entrapment.

22 Now, I would be glad to have details
23 at some other time, if the Regina City Police or
24 any other police force are indulging in entrapment.
25 The comment, as I understood it from the young lady,
26 she has been told by the police that people who
27 commit crimes, in relationship to crime and drugs,
28 is that most of them had criminal records and would
29 probably have committed the crime anyway. I am not
30 sure that's right, but it could be. I think, on the

1 basis of the figures that I have seen, there are
2 some who have a lengthy criminal record, and there
3 are some who do not have a criminal record, who commit
4 while
crimes/under the influence of drugs. It is like
5 people who commit crimes under the influence of
6 alcohol. They might have had the inclination to
7 commit the crime and not the courage, or whatever it
8 takes, to commit a crime, without some stimulant.
9 And I think that the drug probably takes its place
10 there.

11 On the last comment that the young
12 lady made, about easing the penalties, I would
13 certainly agree that treatment, looking at social
14 conditions and education are all very, very important.
15 But I don't think -- I would like the Commission to
16 know that we tried something in Saskatchewan a couple
17 of years ago with regard to drinking and driving.
18 As you know, drinking and driving is killing people
19 all over the country more and more every year. On
20 the highway there is a very significant relationship
21 between alcohol and driving, and fatal accidents.
22 Two years ago, in this province, we got very tough
23 on drinking drivers, and it's working. We
24 have the toughest drinking-driving law of any
25 province in Canada. We have reduced our death rate
26 on the highways over 20% in this province / the last
27 two years, while most other provinces are remaining
28 equal, or going up a little bit.

29 So, I don't think it's any answer,
30 that where we have got a problem that has to be solved

1 that we say "Use deterrents".

2 Our experience with drinking and driving on our
3 highways indicated that when you increase the deterrent
4 it does have an effect.

5 MR. CAMPBELL: A few matters have
6 been raised, one is simply a detailed matter of
7 clarification. You spoke of the R.C.M. Police,
8 I believe, questioning some three thousand individuals,
9 two thousand of whom admitted to multiple drug use?

10 MR. HEALD: Yes.

11 MR. CAMPBELL: Could you give me a
12 little additional information on the nature of this
13 sample of three thousand? Was this an attempt to
14 be cross-sectional, or ---

15 MR. HEALD: Not at this time, sir.
16 But if you would indicate to me what additional
17 information you would like, I will see that the
18 Commission gets it. What would you like?

19 MR. CAMPBELL: I think it would be
20 interesting to see the basis of the selection of
21 the three thousand. Was this an attempt to be a
22 cross-section of drug users, or was it urban primarily?
23 Was it right across the province, as a whole? Simply,
24 the social characteristics of the sample.

25 MR. HEALD: Fine. I'll get that for
26 you.

27 MR. CAMPBELL: And the nature of the
28 contact -- I believe you used the phrase,
29 "voluntarily".

30 MR. HEALD: Yes, all volunteered this.

1 MR. CAMPBELL: The other question I
2 wanted to raise was with your recommendations that the
3 control of cannabis remain under the Narcotic Control
4 Act. And I was interested to hear of the particular
5 advantages you saw in using this Act, rather than the
6 other acts available for drug control?

7 MR. HEALD: Well, I feel that the
8 transfer -- transfer of the characteristic offence.
9 And our government at the moment, I would have to
10 agree, that should there be any steps taken which
11 would result in the easing the penalties, or easing
12 the effect, we think this would result in, in effect,
13 moving the other act.

14 THE CHAIRMAN: You spoke particularly
15 of hashish. Do you feel that your remarks are para-
16 mouring?

17 MR. CAMPBELL: I'm sorry, but I think
18 I'm still not altogether clear on the penalties. You
19 feel there should be heavier penalties under the
20 Narcotic Act than under, say, the Schedules covering
21 LSD and ---

22 MR. HEALD: We do not favour any change
23 at the present time which could be construed as an
24 easing of penalties.

25 MR. CAMPBELL I understand there would
26 be a symbolic significance?

27 MR. HEALD: Yes, I think that would be
28 part of it.

29 THE CHAIRMAN: Well, Mr. Attorney, what
30 is your view on the manner in which the courts appear
to be exercising their discretion with respect to first
offence of simple possession of cannabis, for example?

 MR. HEALD: Mr. Chairman, Dean, I am

1 always a lawyer and always hesitant to remark on
2 However, in a general way,
3 what the courts do./ I think that in our province
4 they exercise this discretion in a very judicious
5 manner, and I think that they look at all the circum-
6 stances, and we have many suspended sentences for a
7 first offence.

8 THE CHAIRMAN: Is it your position then,
9 or, do you feel the full discretion, the full range
10 available
11 of penalty or discretion/under the provisions of
12 The Narcotic Control Act should remain in the case
13 of cannabis?

14 MR. HEALD: Yes. I think that dis-
15 cretion is necessary and I think it is exercised
16 within our experience, in a fair manner.

17 THE CHAIRMAN: Gentleman at the
18 microphone?

19 THE PUBLIC: Speaking to entrapment,
20 last year the R.C.M.P. had an undercover agent who
21 from
22 (inaudible) to buy drugs/ twenty-three
23 around
24 people, and busted them all./ Christmas time. If you
25 weren't using entrapment, how did you bust them all?
26 There are not twenty-three dealers in town.

27 MR. HEALD: I said that the R.C.M.P.
28 use undercover agents. I said that, to my knowledge,
29 they did not indulge in entrapment.

30 THE PUBLIC: What do you mean by
"entrapment"?

MR. HEALD: Well, entrapment is where
you have an agent provocateur, somebody who gets in
and encourages the breaking of the law.

1 THE PUBLIC: That is exactly what that
2 man did.

3 MR. HEALD: I would be glad to discuss
4 that individual case with you. That is not my
5 information and that is not the policy.

6 THE PUBLIC: If this is a hearing
7 that is going to be made public, why not discuss
8 it now?

9 MR. HEALD: Well, I don't have the
10 name of the case. It is not possible to discuss it
11 without the name of the case.

12 THE CHAIRMAN: Excuse me. Would you
13 please -- the Attorney General is trying to speak to
14 someone sitting there -- could you just wait for a
15 moment.

16 Could you come to the microphone,
17 please?

18 THE PUBLIC: If you feel that you have
19 answered that other comment by saying that you do not
20 have the information here, I think that, first of
21 all, it behooves you, as a representative, as you
22 constantly said, of Saskatchewan -- and I think
23 you should be careful about how you loosely throw
24 around these kinds of representations for yourself.
25 If you do not have that information, I do not think
26 you should go around saying that it does not occur.

27 MR. HEALD: Well, now, just a minute.
28 The gentleman who raised the question gave a specific
29 case. He did not give any names. He did not give
30 me the details of where it took place, and when.

1 I do not have every R.C.M.P. file with me. I would
2 need a truck. Now, if you want me to bring the
3 R.C.M.P. files, all right, I will bring them along.
4 But he made a general comment.

5 THE PUBLIC: There were twenty-three
6 warrants issued in the month of December of last
7 year that related to people selling drugs throughout
8 the summer of that same year. You could pick any one
9 of the twenty-three.

10 MR. HEALD: If you will give me one of
11 the names, I will get the file here. If it is
12 finished in court, we will discuss it. If it is not
13 finished, ^{in court} we can't discuss it.

14 THE PUBLIC: Almost all of them are
15 finished in court.

16 MR. HEALD: Not all of them?

17 THE PUBLIC: I think all of them.
18 If you could be here this afternoon I will give you
19 the whole list of names ^{name of the} and the/undercover agent.

20 MR. HEALD: I can't be here this
21 afternoon. I can be here tomorrow morning.

22 THE PUBLIC: Does the Commission sit
23 tomorrow morning?

24 THE CHAIRMAN: No, it is not scheduled
25 to sit tomorrow morning, but I think that the
26 important matter here is that there are facts to be
27 submitted, and they can be submitted to the Attorney
28 General, and they can be submitted to this Commission
29 by direct communication with us in Ottawa at
30 100 Metcalfe, Ottawa; and these are matters which

1 can be clarified and which we will study. So, there
2 are means of clarifying these positions.

3 There is a gentleman at the microphone.

4 THE PUBLIC: Yes. I think it would
5 be important to bring to the attention of the Commission,
6 since the Attorney General has seen fit to use
7 statistics in what I would claim is a very loose
8 manner. Often he did predicate this use of the
9 statistics with such things as "probably", "to the
10 best of my knowledge", and so on. I think I could
11 bring some other statistics that I think are equally
12 valid. I think that if it were checked, each of those
13 studies, ostensibly, the first use of drugs was
14 marijuana. I think that the full range of drugs
15 was not made available to them as a choice. Otherwise,
16 people would very logically have put down such drugs
17 as coffee, as water. I would venture to guess that
18 100% of the people convicted of crimes in this
19 country first used the drug, caffeine, and probably
20 in considerable quantities.

21 I'm not saying that to be humorous,
22 because I think that if the law is going to carry on
23 the pretense of prosecuting drug users on the basis
24 of the dangers of the drug, then they must deal
25 first of all with the fact that 50% of men in this
26 society over forty, die of coronary thrombosis or
27 related diseases. That includes -- well, if you take
28 four gentlemen in a row, from Mr. Le Dain to Mr. Heald,
29 the chances are that two of you are likely to die
30 in that manner. Now, I think you should be concerned

1 about that. I think you should be concerned because
2 that disease, and related diseases, can be tied to the
3 use of the drugs such as white, pure, refined
4 carbohydrate, or white sugar, caffeine in coffee,
5 and tobacco. These are not outlawed drugs, but they
6 are very, very dangerous, and they kill half of our
7 male population over forty. There is no such evidence
8 related to marijuana, although it is true that every
9 person who uses marijuana in this country has
10 committed a crime by definition.

11 But, I think that if we are looking
12 at drug prosecution as related to the dangers of
13 the drugs, it is a farce. Drug prosecution in this
14 country is done on a socio-economic basis, on a
15 cultural basis. It is used to attack those people
16 who use drugs which are not as profitable to the
17 system. I think the tobacco companies have taken
18 patents on certain names to use if marijuana should
19 ever become legal, and I think that those tobacco
20 companies realize that they cannot lobby for legaliza-
21 tion of marijuana because it can be too easily
22 grown in this province, and in every province across
23 the country, and once it was legalized there would
24 be no profit in it.

25 To continue to sanction the use of
26 drugs like aspirin, which kill more people every
27 year than marijuana has since it has ever been used
28 on this continent -- and caffeine, tobacco, and
29 pure refined white sugar, and other refined foods
30 ever did. And the problem is with those. Those are

1 the ones that are used and the others are prosecuted.

2 Another point should be brought up.

3 Mr. Heald, you can correct me if I am wrong, but I
4 think you indicated that if marijuana were legalized,
5 this province would attempt to have that altered with
6 in Saskatchewan
a different situation/with regard to that.

7 MR. HEALD: Within the constitution
8 of the government of the province, yes.

9 THE PUBLIC: I think that would be a
except that
10 very clever move,/ people would become very
11 frightened under that situation. What it means is
12 that if marijuana were legalized in other provinces,
13 young people would move away. This is almost the
14 policy of this government anyway.

15 --- (Applause)

16 The statistics bear that out.

17 MR. HEALD: We will be glad to test the
opinion of the people of this province
18 / at the appropriate time, and maybe sooner than
19 you think, too.

20 THE PUBLIC: I think that the people
21 in this province have, by and large, been terrorized,
22 I think we have been terrorized by how the Attorney
23 General's department runs itself. I think we would
24 be afraid to leave the province as much as we would
25 be to stay here under this regime, because people
26 have left this province for a short time, and have
27 come back to find that they ^{been} have/charged with
28 criminal offences ostensibly created while they
29 were in other countries. I think if the Attorney
30 General's Office has the right to say, that it can

1 | terrorize the people of this province about anything
2 | it wants to.

3 | THE CHAIRMAN: Mr. Attorney, I was
4 | wondering if we could have the benefit of your views
5 | on the relationship between what you consider to be
6 | the effects of
7 | the importance of/possession in relation to trafficking.
8 | You said you felt it was important, and, how do you
9 | see it as a law enforcement ---

10 | MR. HEALD: Well, the possessors are,
11 | of course, the customers, aren't they? I think it
12 | is difficult -- as long as it is financially profitable
13 | for the traffickers; they have to have customers, and
14 | there is certainly some deterrent now in prosecution
15 | for possession. If possession were legalized, that
16 | legalizes use, frees a whole new market to the
17 | trafficker and makes it more financially attractive
18 | for him to break the law. That is the relationship.
19 | There are still a number of people, who, because it
20 | is against the law, would not get involved in
21 | possession and use. But if you remove that illegal
22 | sanction from the possessor, I think you increase
23 | considerably the market for traffic.

24 | THE CHAIRMAN: Do you see it, then,
25 | as limiting the number of users, and therefore, the
26 | market ultimately? Do you not see it as having some
27 | function in the actual enforcement against trafficking?

28 | MR. HEALD: Yes, I think that is right.

29 | THE CHAIRMAN: What do you see as its
30 | function there?

 MR. HEALD: I think when the police are

1 investigating the offence of possession, they obtain
2 considerable information, and in many cases this
3 information would lead them to the trafficker, the
4 source, in other words. I am told that this is usually
5 the case.

6 THE CHAIRMAN: Do you feel, Mr. Attorney,
7 that you can make a non-selective and, in effect,
8 non-discriminatory enforcement of the law against
9 simple possession of cannabis?

10 MR. HEALD: We certainly try to,
11 Mr. Chairman. Those are certainly the instructions.

12 THE CHAIRMAN: Do you feel that it is
13 feasible, in view of the extent of cannabis use, to
14 make a serious effort at this enforcement?

15 MR. HEALD: We are doing the best we
16 can. We have created Drug Squads in the province,
17 one in Regina and one in Saskatoon. We are doing the
18 best we can. Maybe it is too early to talk. This
19 great increase that has come on us in the last two
20 years; it is difficult.

21 MR. STEIN: Would you give us your
22 indication or your estimate, if you care to, of what
23 proportion of cannabis users in this province you feel
24 being
25 have a reasonably good chance of/ascertained and
26 prosecuted? Would you have any information?

26 MR. HEALD: No, sir, I could not at
27 this time, because we have only had the Drug Squads
28 and increased enforcement of the drug Act for about
29
30

1 six months, and I am not in the position to evaluate
2 it yet. I will be, perhaps, in another six months.

3 MR. STEIN: I have another question.
4 I am not familiar with what occurred in the last year
5 in Saskatchewan in the area of rock festivals. I have
6 a question in that area. Have there been any huge
7 rock festivals in Saskatchewan in the past year?

8 MR. HEALD: Not huge by your eastern
9 standards, sir, or by that type of standard, but we
10 have had three or four. They have not been very
11 successful. There have been circumstances, the weather
12 did not co-operate. We had one planned here at Easter
13 time and the weather did not co-operate in that regard.
14 And there was one at Kell Valley. I'm not sure of the
15 crowd estimates. I think the most was four or five
16 thousand.

17 MR. STEIN: Could you indicate/ whether
18 is any policy regarding police activity in or around
19 rock festivals in Saskatchewan? I will tell you the
20 reason for the question. I seem to recall a statement
21 made by the Attorney Generals when they met in Halifax
22 indicating -- I am paraphrasing, to my recollection
23 here -- but it was something to the effect that
24 Attorney Generals throw up their hands in terms of
25 law enforcement here because of practical problems
26 which were then stated, and had to do with excessive
27 use, etc., and I think the statement was made, "Something
28 like alcohol at a football game."

29 MR. HEALD: I would like to paraphrase
30 that in a general way. There was a discussion in

about Rock Festivals,
Halifax/and we discussed the context of law enforce-
ment with large crowds, vis a vis football games,
rock festivals, etc. The instructions are not any
different for a rock festival than they are for a
football game or anything else. The police are supposed
to maintain the law, and where they uncover use, or
drug abuse, or breach of the Liquor Act, they lay
charges. However, ^{you do} / have a practical problem on the
hands of police when you have thousands of people.
So it is a challenge that the Attorney Generals of all
the provinces and Minister of Justice are considering.

But, answering your first question,
sir, we do not have specific instructions. There have
been a few charges laid at these rock festivals, some
Liquor Act charges laid, and a few other charges,
another charge of disturbance, or something, which
had been dismissed.

But there wasn't a large attendance
at these rock festivals.

MR. STEIN: I have one further question.
The report has been made to us a number of times, and
the young lady who spoke a little earlier reiterated --
and I would like your view, if you wouldn't mind --
that in light of the present legislative situation,
large numbers of people who are having trouble with
drugs do not seek help at a point where they might
ordinarily seek help because of fear of becoming
involved in criminal process. And we have heard a
bit before -- I'm not sure if you were in the audience --
but, we have heard a bit about the Crisis Centre here

1 where persons in difficulty are contacting by phone,
2 doctors or hospitals. I am interested in your view
3 of this kind of problem that has been expressed to
4 us, namely, 'how does a drug user who wants to get
5 help--but isn't certain what will happen regarding
6 police enforcement? How does this affect the drug
7 user's motivation to get help before he is in real
8 difficulty? Do you think there is anything to this,
9 or do you reject it entirely?

10 MR. HEALD: No, I wouldn't reject it
11 entirely, because we have got a very, very serious
12 problem, and we always have to work together to solve
13 this problem. And I certainly don't say that strict
14 law enforcement is the answer, of course, but it is
15 part of the answer until we find a better answer.

16 Now, the person who is involved in
17 drugs and who wants to do something about it, I think
18 we all have to work together in the community to
19 provide channels of communication for these people, whether it
20 be through social workers in government, whether it
21 be social workers in the city, whether it be through
22 other organizations to form a bridge, perhaps, medical.
23 Medical advice has to be involved on some occasions.
24 I think we all have to work towards communication and
25 not take a legalistic approach to this problem. I
26 don't reject, offhand at all, any other approaches.

27 MR. STEIN: In other words, to relate
28 to a particular position. If a person found himself
29 in a hospital emergency ward, would you know -- with
30 a drug related problem --would it be likely that he

1 would be interviewed in that kind of situation, by
2 either the City Police or the R.C.M.P?

3 MR. HEALD: No, I would think not.

4 MR. STEIN: You would think not. Thank
5 you.

6 MR. HEALD: Unless there was another
7 criminal offence involved. They would probably seek
8 criminal
him on that/offence but not on the drug offence.

9 MR. CAMPBELL: (Inaudible)
10 account
often takes/the motivation of the people who are
11 violently involved. I would like your comment on
12 your understanding of this phenomenon of drug use
13 which is emerging in the society; the sources of it,
14 the broad individual patterns. Is it notably required
And following from that
15 to report on the (Inaudible) ./ question I would like your
16 opinion on this approach, and following that, I would
17 like your opinion on this approach of compulsory
18 treatment of individuals who are experiencing drug
19 problems.

20 MR. HEALD: Well, answering the last
21 part of your question first, I am not a sociologist,
22 I do not have any expertise in this phase of your
23 deliberation. But I certainly think that there would
24 be some merit in referring cases of drug addiction
25 for compulsory treatment. Of course, these are sick
when
26 people and/somebody is sick, whether it is this kind
27 of sickness or some other kind of sickness, I think
28 that there could be a good case made out for compulsory
29 treatment.

30 MR. CAMPBELL: Would it be your opinion

1 then, just to state this, that the existing laws
2 surrounding the use, (of compulsion) in the cases are
3 adequate to meet this particular situation, or should
4 consideration be given to additional information?

5 MR. HEALD: I would think that you
6 should take a look at additional measures. I am not
7 sure that the existing framework would be adequate for
8 this particular problem, because it is a different
9 kind of problem. And, perhaps, the solution lies
10 in a different kind of approach. And I am not
11 qualified to advise you, or to comment on that, but
12 I wouldn't rule out the concept of compulsory treatment
13 in referring cases of narcotic addiction, because
14 they are sick people.

15 MR. CAMPBELL: And the other questions?
that?

16 MR. HEALD: Would you just repeat/ I
17 did not pick up that first part very well?

18 MR. CAMPBELL: It is sometimes postu-
19 lated that the content of the law, penalties and so on,
20 might well bear relationship with assumptions about
21 the motivation of the offender, or the type of person
22 most aptly to be dealt with, and we are responsible
23 to comment on the context of cause of drug abuse.
24 I was wondering if you would like to comment on what
25 you believe are the forces at work that produce this
26 phenomenon, the motivational, social cause, and then
27 link this to the types of laws that we have.

28 MR. HEALD: I am not sure that I have
29 got your point, but I will try to answer as best I
30 can. Again, I do not have any expertise in this field.

1 I think the causes are sociological. I think they
2 are evolutionary. I think society has contributed
3 a great deal with a certain amount of over-permissive-
4 ness, the concept that anybody anywhere can do anything
5 they want to at any time; the lack of respect for a
6 constituted authority which has been allowed to grow.
7 The concept that persons have responsibilities mainly
8 to themselves and not society, not only reflects in
9 the increasing use of drugs, but it reflects, as I
10 mentioned a few minutes ago, in the drinking-driving
11 phenomenon which we have. The rationale for tough
12 drinking-driving laws is a very simple one. It is
13 the same as the speeding rationale. Most people
14 driving eighty to eighty-five miles an hour on roads
15 are dangerous to other people using that road, and
16 most people who are significantly impaired are a
17 hazard to other people using that highway.

18 I think the same rationale has to apply
19 when you start to talk about drugs. I think society
20 must accept the responsibility, but I do not think
21 you solve the problem. I think we have to have a
22 multi- / ^{problem} approach here. I think we have to attach
23 sociological causes, but I don't think we solve the
24 problem by removing the deterrent in the meantime.

25 THE CHAIRMAN: Mr. Attorney, is
26 the analogy between the laws and impaired driving
27 and the laws, generally, against simple possession
28 for non-medical use of drugs an exact analogy? Why
29 should we prohibit general use in the case of these
30 other drugs?

1 MR. HEALD: Well, I think it is an
2 analogy. Drinking-driving is an offence under The
3 Criminal Code; possession of drugs is a serious
4 offence. For the reasons I indicated in our presenta-
5 tion, the relationship between crime and drugs and
6 various other concerns that we have. I think the
7 public must become involved, I do not think it is a
8 completely for
/personal thing. I think it is a thing/ society.

9 THE CHAIRMAN: But we do not prohibit
10 the general use of alcohol, but we do make it an
11 offence to drive while under the influence. Why should
12 we make it a general offence to use these other drugs?

13 MR. HEALD: Maybe we should. Two wrongs
14 don't make a right. Maybe we should.

15 MR. STEIN: We should prohibit the use
16 of alcohol?

17 MR. HEALD: I say maybe we should. Two
18 wrongs do not make a right. I say we are against
19 easing the penalties for possession for the reasons
20 I have stated. And, the main point, I think, is that
21 we feel that it is not just a personal thing. It
22 affects society, it affects everybody else in society
23 for the reasons stated.

24 THE CHAIRMAN: Apart from drug use,
25 as you consider the relationship with crime, what
26 other effects do you find on society that require the
27 imposition of the criminal law -- on use, I'm speaking
28 of use?

29 MR. HEALD: As a law enforcement officer,
30 I suppose that I place a high priority on relationship

1 between drugs and crime. I would put that first, from
2 my point of view. As I say, I am not a sociologist,
3 there are other socio-economic effects, I suppose,
4 but I'm not qualified to get into them and discuss
5 them in detail.

6 THE CHAIRMAN: We will be following
7 these
8 up / statistics, the study that you referred to,
9 but what is your general impression the evidence
10 discloses,
11 /concerning cannabis and other crimes; and this is
12 apart from progression, but to what extent is
13 there evidence of relationship between cannabis use
14 as such and other crime?

15 MR. HEALD: I have the impression,
16 again, that this phenomenon, if you call it that,
17 has come upon us in the last two years in this
18 province, and our statistics are not statistics over
19 a number of years. But I can only repeat the statistics
20 I gave you earlier; criminal offences committed while
21 under the influence of drugs, 58.

22 THE CHAIRMAN: But, that is undifferen-
23 tiated. You have no way of knowing what drugs were
24 involved?

25 MR. HEALD: I could get that breakdown
26 for you.

27 THE CHAIRMAN: Yes. We would like to
28 have it.

29 Professor Bertrand?

30 PROFESSOR BERTRAND: May I ask you,
58 cases out of how many -- the rest for possession
and trafficking, and ---

1 MR. HEALD: I do not have the total
2 number, ma'am.

3 MR. STEIN: A bit earlier, you, I think,
4 were indicating that the use of the drug, marijuana,
5 indicated that the individual was in some way a sick
6 person. Is that a fair statement? I'm not sure that
7 you put it in those words, so I want/clear if that is
8 what you meant. In other words, is it your view that
9 the use of marijuana is a symptom of sickness regard-
10 less of how much ---

11 MR. HEALD: No, I'm not sure that I said
12 that.

13 MR. STEIN: No, you did not say that.
14 I was trying to get at something you said earlier
15 about the treatment, perhaps. Let me ask you -- let
16 us try it that way -- is it your view that the use of
17 marijuana is an indication of sickness on the part of
18 the person using?

19 MR. HEALD: I would not use the word
20 "sickness". I think it indicates a need for some
21 crutch or escape from reality. Escape from reality
22 or a crutch.

23 MR. STEIN: What would your view be
24 about the use of alcohol, since we have gotten into
25 that, very briefly?

26 MR. HEALD: Same thing, in many cases.

27 MR. STEIN: The same kind of thing.
28 But you are not sure whether or not it is an indication
29 that the individual is in need of some kind of medical
30 or other form of treatment facility or service?

1 MR. HEALD: No. I do not feel that I am
2 qualified to comment on that.

3 THE CHAIRMAN: Mr. Attorney, I think
4 we should release you now. Thank you very much for
5 your time.

6 We call now on Dr. Morris Shumiatcher --
7 there is a gentleman at the microphone?

8 THE PUBLIC: I sort of play things by
9 ear, and I feel vibrations around. What I think happens
10 is a polarization, and I am against the word "Pig",
11 you know, I am against the word, "Narc", "Pig", "Horse-
12 man" -- all these terms are insults/^{to}the police force.
13 Every society has ^{to have} a police force. But, some of my
14 best friends are policemen. They are human beings who
15 have to do a job.

16 But, the danger I see in polarization,
17 is that we make almost the same tragedy, entrapment
18 as in the Unites States where the forces of repression
19 are locking up normal human beings. Now, if you went
20 out on the Regina campus right now and busted into all
21 the lockers, or into the high schools, and put them all
22 in jail, what would be accomplished? And are these people
23 sick? No, they are not sick. No more than the adults
24 are sick who take ^{alcohol} / . They have a need for a chemical.

25 Let me illustrate this. In the Village
26 in Toronto,
27 /the police force came in and tried to destroy it in
28 the Village. And what happened? It spread it to the
29 suburbs, you know. And now they reap the whirlwind,
30 they reap the wrath, because here was a chance to
study the runaway child in the ghetto of the Village.

1 Here was the chance to do some social and constructive
2 work. And they pressed on the Village, and if you
3 will notice, if you press on an abscess it just drives
4 it more and more underground.

5 Finally, I would like to say this. As
6 a doctor, when I was busted and I lost my family, did
7 it cost the government more to put me in jail? And
8 then when I got out of jail I could not get a job, I
9 could not get back to my profession. Which is more
10 economical in the long run, to sentence a person to
11 therapy and rehabilitation and behavioural modification
12 or to sentence him to punishment? Why has Canada got
13 people in more/jails than any other nation in the western culture--
14 which Pierre Berton has brought out in his series.
15 So we know repression does not work.

16 These kids in the university and high
17 schools are just as normal as their doctor. And
18 to put a normal person behind bars does not solve a
19 goddamned thing.

20 Now, when I go out and talk at the
21 reformatory, the kids out there are human beings, and
22 if we really cared about those kids at the reformatory--
23 there was a suicide out there, and it was a drug user
24 who had been put in there and killed himself. Now,
25 if this is our approach in our society -- I have
26 sympathy for my society. I weep for a society like that.

27 So, what I am saying is, let Canada
28 form an alternative to what the tragedy is in the
29 United States, some alternative of compromise, flexi-
30 bility. And, I blame the young people just as much as

1 the old people. They are willing to ask the Establish-
2 ment for flexibility and sometimes they are inflexible
3 too, and the Establishment sometimes does the same
4 thing. So, it is a two-way freedom road. Freud would
5 define "mature" as "compromised flexibility and
6 patience". And, research -- all the money that we
7 are pouring into keeping people in jail, pour that
8 same money into research, into rehabilitation. It is
9 simply more economical to sentence a man to therapy
10 and behavioural modification. Thank you.

11 You could hold the white flag up any
12 time. If something is not valid, I simply will come
13 forward and say so.

14 As for entrapment, I worked in this town, we had a man picking up papers. last year. He/ busted
15 impersonating.
16 twenty-six, and he was / And this undermined
17 Saskatchewan and
the confidence in the police in/Regina. Thank you.

18 --- (Applause)

19 THE CHAIRMAN: Dr. Shumiatcher?

20 DR. SHUMIATCHER: Yes, Mr. Chairman.
21 Did you wish to hear from me now?

22 I rather hurriedly put together some
23 of my views on certain aspects of the interim report
24 and I will set them out here, and read portions, and
25 possibly just summarize others.

26 First, on the question of trafficking
27 and possession, and I refer to pages 204 to 241 of
28 the interim report.

29 In my view, it would be as unrealistic
30 to legalize possession and to penalize trafficking in

1 drugs as it would be to punish the thief but exonerate
2 the receiver. I am among those who believe that it
3 is the user who is responsible for the drug traffic
4 and for the existence of the trafficker. If there
5 were no demand for the drug, there would be no supply
6 of it. And while much has been said of the trafficker
7 as being an active "pusher" who encourage individuals
8 to become users, there must first exist the latent
9 demand before the trafficker or pusher can success-
10 fully enter upon his role. It is true that the
11 trafficker may profit from his scurfy business and
12 some grow more exercised over his illicit gains than
13 over the physical and psychological effects of drugs
14 on his customers. I view the latter with more concern.

15 To prosecute the offender and not the
16 user is much like prosecuting the pimp and prostitute
17 and not the found-in. I know this has been a practice
18 under the Criminal Code for many years, and I regard
19 it as an unjust one. If there were no demand or
20 appetite among those who visit brothels, there would
21 be no prostitution. The prostitute simply panders to
22 the public taste in a tasteless sort of way and the
23 pimp is simply the entrepreneur.

24 To outlaw trafficking but not possession
25 would raise some very practical problems. Where would
26 the "possessor" or "user" find his drugs? If he
27 bought them from a trafficker would he not become a
28 party to the vendor's offence, aiding him and abetting
29 him in his illicit trade? So, unless, the State
30 became the official trafficker, the law would, in fact,

1 compel a whole class of persons, all who use drugs,
2 to become engaged in illicit and illegal trafficking.

3 I would hope that the Commission never
4 seriously considers recommending that governments
5 become monopolist-suppliers of drugs as they now supply
6 alcoholic beverages. Such a practice would be disastrous.
7 It would, in effect, be condoning, if not encouraging
8 the use of drugs; it would give moral sanction to the
9 use of drugs; it would allow the State, not only to
10 permit, but one day, to encourage the use of drugs
11 should it become expedient that citizens be made
12 tractible and amenable to the dictates of an over-
13 bearing and dictatorial regime, a possibility foreseen
14 by Aldous Huxley in his "Brave New World."

15 Those are the views on the question of
16 a distinction which the interim report draws between
17 trafficking and possession. I think they are both
18 part of the same banter.

19 Now, the question of legalization, and
20 this is dealt with on page 245 of your interim report.

21 I agree with the Commission in recom-
22 mending against the legalization of the use of marijuana
23 as set out on page 247, and give four reasons for this:

24 There has not yet been enough public
25 debate.

26 Sufficient scientific research has not
27 been done.

28 Thirdly, what legalization would imply
29 in respect of government control over quality, dis-
30 tribution, etc., raises many difficult new problems.

1 And, of course, fourthly, there are
2 jurisdictional problems in respect of legislation.

3 And these are all significant and
4 important factors.

5 I strongly recommend not only scientific
6 research, but legislative and historical research
7 which, in this field, may well be of greater importance
8 than mere scientific research. For here we are
9 dealing not merely with scientific "facts". These
10 exist, but they are coupled with and complicated by
11 psychological and social factors, human problems,
12 questions of motivation, incentives and human behaviour.
13 Scientific research has entered all of these fields,
14 of course; but its results have been far from
15 encouraging; witness the theories and concepts which
16 currently have been passing under the euphonistic
17 name of the "social sciences" and are often both
18 anti-social and irrational.

19 I suggest research into the laws and
20 practices of the seventy-one nations who are signa-
21 tories to the Single Convention on Narcotic Drugs, 1961,
22 all of whom have come to the conclusion that use and
23 trafficking in drugs is deleterious to the individual
24 and society alike.

25 According to the 1955 Committee Report
26 on Traffic in Drugs in Canada, it was said that marijuana
27 was not then being used in Canada although it was being
28 used in the United States and Mexico. Our experience
29 and knowledge in this field is shorter and more
30 superficial than probably that of any other country in

1 the world. This was mentioned in your report.

2 Our experience being so limited, it
3 would appear prudent to me that before making any
4 recommendation for legalization of a drug which every
5 other civilized country in the world has outlawed,
6 among them, countries where drugs have been in use
7 for many centuries, Canada ought to conduct its
8 principal research into the experience of those other
9 countries.

10 Secondly, if legalization is to require
11 government approval, and even government participation,
12 then the government must be certain, not only that each
13 drug, including marijuana, is not harmful, but that
14 its use is actually beneficial. This ought to be the
15 criterion, since in other cases, Canadian governments
16 have taken it as their responsibility to give guidance
17 and in many instances to impose controls, in respect
18 of many sumptuary substances, for example, tobacco,
19 artificial sweeteners, and I mentioned pesticides --
20 they are not sumptuary to human beings, but they do
21 affect us. Surely, in the field of drug use, the
22 government would not be justified in permitting, let
23 alone supplying, substances which are, or are likely
24 to be hurtful to the user, even to a limited degree.

25 And, thirdly, I come to the question of Prohibition
26 and Penalties, which Mr. Heald was talking about.

27 The interim report does not recommend
28 repeal of the prohibition against possession of drugs.
29 With this I am in accord.

30 It does recommend that possession of

1 a psychotropic drug be made an offence under the Food
2 & Drug Act, not the Narcotic Control Act. I see no
3 magic whatsoever in this proposal, and I oppose this
4 view for it is my view that we should seek to develop
5 a sense of moral disapprobation among the members
6 of the public, of the use of drugs. If there is to
7 be any legal prohibition then that prohibition should
8 be one included in the criminal law. Use of drugs
9 should not be prohibited by an Act that also prohibits
10 a butcher from selling a pound of hamburger with more
11 than 30% fat content under the name of "ground beef",
12 or that fixes the butterfat content of milk. Surely,
13 we are talking about a far more serious matter when
14 we are discussing drugs.

15 Then I raise the question as to whether
16 cannabis is not a narcotic.

17 Page 467 of the interim report --
18 paragraph 467, begins by saying this:

19 "Since cannabis is clearly not a
20 narcotic (see paragraph 147), we recommend that the
21 control of cannabis be removed from the Narcotic
22 Control Act and placed under the Food & Drug Act."

23 Now, with all respect, I do not think
24 it follows that if cannabis were not a narcotic, the
25 offence should be placed in the Food & Drug Act. If
26 it is desirable to discourage the use of this substance,
27 and it is agreed that moral disapprobation is a
28 desirable way of achieving this end, I suggest
29 prohibition should appear in a penal type of statute,
30 and not in a mildly-regulatory statute that deals with

1 meat and cheese and butter and eggs.

2 Secondly, with great respect, I have
3 read paragraph 147, and I have found nothing in that
4 paragraph to justify the statement in paragraph 467
5 that "cannabis is clearly not a narcotic". There is
6 so far as I can see,
7 nothing in paragraph 147/to support this conclusion
8 at all.

8 I invite members of the Commission, and
9 I am sure you will, to re-read that paragraph.

10 Next, with respect to Penalty for
11 Possession. The interim report recommends on conviction
12 for possession of such drugs, a fine not exceeding
13 \$100.00, and no imprisonment for default in paying
14 such fine. I very much favour lighter penalties, but
15 what is proposed is virtually no penalty at all.

16 Surely, for non-payment of a fine
17 imposed by a court of competent jurisdiction, how
18 otherwise would the fine be collected if the convicted
19 person failed or refused to pay it? The imposition of
20 such a penalty would bring the judicial process, in
21 my view, into contempt.

22 Secondly, under the Food & Drug Act,
23 for what I would regard as far less serious offences,
24 the maximum penalties are, on summary conviction for
25 a first offence a fine not exceeding \$500.00 or
26 imprisonment for a term not exceeding three months
27 or both; for a subsequent offence, the maximums are
28 doubled; and on conviction by indictment, the maximum
29 fine is \$5,000.00 and the term of imprisonment is three
30 years.

First, under the sub-heading "Treatment and Supportive Services", the third consideration of the interim report's "Social Response" section, there appears a recognition that there are "urgent and pressing situations that require immediate response."

Now, this section of the interim report recognizes the disaster areas of the drug problems -- and there are those areas, and this is of paramount concern to the people of this country. These are considerations which, in my view, override all others. The interim report also recognizes the importance of individual and corporate responsibility and response. I am in accord with the interim report's statement that "the potential for harm of non-medical drug use as a whole is such that it must be regarded, on balance, as a phenomenon to be controlled. The extent to which any particular drug use is to be deemed to be undesirable will depend upon its relative potential for harm, both personal and social."

But, I have some difficulty in understanding why (as stated at page 196) it is stated that

1 "the line between the medical use and the non-medical
2 use of drugs is often a difficult one to draw."

3 I sincerely question if that be really
4 so. The report asks this question -- at the same page,
5 196: "Is the moderate use of tranquilizers such a
6 bad thing, particularly for those whose tension might
7 otherwise lead to heart trouble or other organic
8 damage?"

9 The answer, of course, is, obviously,
10 no. I do not hesitate in giving that. Such use is for
11 a legitimate medical purpose: for the saving and
12 enhancement of life, not for the purpose of escaping
13 from life or of crippling or disabling the living.
14 But the use of hallucinogens or psychotropic drugs,
15 merely for kids or for entertainment (like the whirling-
16 dervish rides at the midway of a fair, which they
17 resemble, in effect, to a very large extent) these are
18 not for physical or mental healing, and not for physical
19 or mental healing is a far cry from the legitimate
20 medical use of drugs.

21 I see no difficulty in distinguishing
22 the two at all, and I think any user of drugs would
23 have no difficulty in coming to the same conclusion.
24 They know why they take the drugs. They do not take
25 it to cure a cold or a bronchial condition, or something
26 of that sort. It is taken principally for kicks.

27 The report further states, on pages 196
28 and 197: "The general climate...is not one of moral
29 condemnation of the use of drugs for mood-modifying
30 purposes, but rather one of acceptance for such use."

1 I think the Commission has used that
2 criterion or that assumption in moving on with some
3 of its recommendations. But again, I question whether
4 this, in fact, is the case. Even assuming this to be
5 the case, there is no dissent in the general public's
6 condemnation of the rise of crime, the decline of
7 morality, the disappearance of personal motivation
8 and the dissipation of energy upon a national scale.
9 In terms of standards of living, I noticed two or three
10 days ago, an announcement that Canada slipped last
11 year from second to fourth place in this area.

12 And you asked the Honourable Attorney
13 General what he thought were the basic reasons for
14 the use of drugs. I recall something that Moffat said,
15 and
16 /he wrote this three thousand years ago; he said, "It
17 is difficult to be virtuous in leisure." I pass that
18 on to you because it is difficult for persons who have
19 nothing to do, who find they can be supported by others
20 without motivation themselves, without necessity, to
21 care for themselves. It is difficult for them to stay
22 away from such things as drugs and crime. What else
23 is there to do, what other motivation?

24 I have departed from my submission, but
25 I feel it is appropriate to mention that at this time.

26 In my view, the problems of drug addiction
27 and drug abuse cannot be solved by government
28 legislation or government action alone. These problems
29 cannot be dealt with by prohibitory or penal laws nor
30 by permissive or commercial laws nor by treatment
centres, hospitals or clinics. These things, if you

1 deal with them in this way, is, I suppose, like trying
2 to cure measles by scraping off the pimples.

3 Individuals in society are alone able
4 to arrest the trend toward the use of drugs by actions
5 that unequivocally demonstrate that decent people
6 generally disapprove of the use of drugs -- just as
7 decent people disapprove of violence and murder,
8 robbery and rape.

9 How can this be done? There is no easy
10 formula, but I suggest there is a useful role that can
11 be played by governments, by corporations and business,
12 and by individual members of the public.

13 One, the present prohibitions against
14 the use of all of the drugs appearing now in both the
15 Narcotic Control Act and the Food & Drug Act should
16 continue, simply as a statement of disapprobation,
17 if nothing else.

18 Two, the penalties should not be so
19 severe as now provided, but they should be more in
20 keeping with the range of sentences imposed by the
21 courts generally since publication of the interim
22 report.

23 I have no hesitation in saying that
24 in my view, the views of the interim report on the
25 penalties have had a good effect and I certainly
26 support that, and that recommendation.

27 Three. It being my conviction that
28 the vast majority of the public opposes the non-medical
29 use of drugs, encouragement to express this disappro-
30 bation should be given in the following, among other

ways:

First; All applications for admission of students to schools, colleges and universities should contain questions that must be answered by the applicant, as to whether he has used and/or uses drugs, and if so, what types.

Secondly: All applications for employment, whether prepared by a government in respect of the public service, by a government employment agency, or by a private employer (corporate or otherwise) should contain similar questions, it being made known that use of drugs may be a reason of rejecting the application for employment and a cause for dismissal.

C. Applicants for a pilot's licence, a motor vehicle operator's licence and similar licences should be required to answer questions concerning drug use, this to be a reason for rejecting and/or suspending such licence.

Four; Applications for membership in professional associations should contain similar questions and like conditions.

And, five: Applications for life insurance, fire insurance, and so on, should contain similar questions, with

1 like conditions;

2 on the premise that the drug user is a greater risk
3 in those areas, as a pilot; a greater risk for fire
4 insurance; a greater risk in the professions, and
5 in his position or job.

6 THE PUBLIC: On what basis do you make
7 that statement?

8 DR. SHUMIATCHER: I will continue this
9 and then I will seek to answer your question.

10 If the public is sufficiently exercised
11 over the problems created by the non-medical use of
12 drugs, then the public is capable of exercising a
13 sanction for stronger and more effective than the
14 State can create through the enactment and enforcement
15 of penal laws. Only the public's participation in an
16 attack upon drug abuse is likely to yield viable
17 results.

18 And finally, with respect to laboratories.
19 The interim report recommends that the Federal Govern-
20 ment investigate the establishment of regional drug
21 analytical laboratories at strategic points across
22 Canada.

23 This is a highly practical suggestion.
24 While it may not fall within the ambit of the Commis-
25 sions terms of reference, it may usefully be suggested
26 that its recommendations go considerably further.
27 The only laboratories available in the field of
28 forensic medicine, the only "crime laboratories" that
29 exist, are those of the R.C.M.P. These are used
30 primarily by the police and by the Attorneys General

1 of the various provinces. Only with special leave
2 of the Attorney General may counsel representing the
3 defence submit materials for analysis or secure
4 opinions from experts employed by these laboratories.
5 This places the ordinary citizen who may be accused
6 of a crime at a distinct disadvantage in preparing
7 his case and in making full answer and defence.

8 It is in the public interest that
9 laboratories, publicly financed, should be available
10 to the defence and prosecution upon equal terms. To
11 accomplish this, it is necessary that the laboratories
12 be removed from the aegis of the R.C.M.P. and be
13 converted into public civilian laboratories free to
14 offer its services to the public. Upon payment of the
15 appropriate fee, such laboratories should be prepared
16 to conduct experiments and do research for those
17 requiring it.

18 It is a change, incidentally, which
19 I have personally discussed from time to time with
20 the R.C.M.P. laboratory personnel; and it is a change
21 which would be as much welcomed by the scientists
22 employed by the laboratories, as it would by the
23 legal profession and, I believe, by the general public.

24 Thank you, Mr. Chairman.

25 THE CHAIRMAN: Thank you.

26 Gentleman at the microphone?

27 THE PUBLIC: I have a few comments
28 that I would like to address to the Commission itself
29 rather than to Dr. Shumiatcher. I hope you'll excuse
30 me.

1 On the question of its reference,
2 I believe that with the law enforcement agencies
3 using intrepid -- and showing such a lack of scruples --
4 and I believe it is a lack of scruples, I would like
5 to suggest that, perhaps, it wouldn't be all wrong
6 if some of us were to get our hair cut and get jobs
7 on the police force, or even just go out and buy a
8 police uniform. It would be merely responding in kind.

9 Attorney General Heald mentioned that
10 he held the belief that use of marijuana led to
11 committing other crimes. And this, although it hasn't
12 been substantiated, may be true, but it is also true
13 that the mere illegality of marijuana puts every
14 marijuana user in a / conference of criminals. And,
15 perhaps, a lessening of the stigma attached to being
16 a criminal, merely for the use of marijuana, would
17 alleviate some of us from that.

18 THE CHAIRMAN: Thank you.

19 THE PUBLIC: To Dr. Shumiatcher -- I
20 would like to question your reasoning behind wanting
21 the questions as to whether a person does use drugs
22 being on applications for school, applications for
23 employment and things like that. If such a thing were
24 to lead to the denial of the application, wouldn't it
25 just be leading people to tell lies and further
26 lower the moral structure of society?

27 DR. SHUMIATCHER: It depends on whether
28 you have an aversion to telling lies. If you are
29 so constituted that you are a congenital liar, criminal
30 laws aren't going to prevent you from lying, then it's

1 to your advantage to lie. The only point is, that if
2 this must be taken by a declaration, then, if you lie
3 there are penalties for lying.

4 THE PUBLIC: What is a congenital liar?

5 DR. SHUMIATCHER: It's a question of
6 your moral sense. If you feel that you are justified
7 in lying to get around an unjust law or to commit a
8 falsehood, well, you have got a moral problem, and a
9 very serious one, as serious as, perhaps, drug addiction.

10 Now, you were going to ask, or started
11 to ask what I based this on. Well, I'll tell you what
12 I base this on.

13 I represented some of those twenty-three
14 fellows who were busted around last Christmas time,
15 and some of them came very close to being entrapped.
16 I can tell you this. The difficulty about entrapment,
17 I would say -- I think Mr. Heald's statement that
18 officially there is not an entrapment, is correct. But
19 what is and isn't entrapment is a very fine line.
20 For example, the question that the police officer who
21 gives evidence, who has got the confidence of the user,
22 must or must not be asked. There is no question that
23 a man masquerades -- a police officer masquerades as a
24 user, a hippie. He gets to know some, gets their
25 confidence, he purports to use the drug with them.
26 Now, this is all permitted under the doctrine of
27 entrapment. The only thing he must not do is say
28 "Get me the stuff". In other words, the question is, does
29 the intended victim -- or the person about to be prosecuted --
30 does the intended victim ask the police officer, "Can

1 you supply us?" or vice versa and say, "Well, I've
2 got a supply, I can give it to you." Or does the
3 police officer say, "Will you go out and get me some?"
4 If he says, "Will you go out and get me some?", well,
5 that is a trap. So long as the police officer can
6 stay away from that, that he hasn't put that to the
7 person who is about to be prosecuted, then he hasn't
8 set a trap. So, we're playing with words here and
9 it is a very narrow definition. What we are talking
10 about is very technical.

11 But, to get back to your question,
12 what do I base my view on, I base my view on the
13 observation of people I have defended, who have come
14 to me for help and whom I have helped in every way
15 I could. Some have been acquitted, some have been
16 convicted. I have had people sitting in my office
17 who, I can tell, have taken marijuana; I can tell
18 they have taken hashish. I have had people sitting
19 in my office -- they come in just as bright as can
20 be, they have all their wits about them, they are
21 a pleasure to talk to; they are as bright as can be.
22 Next morning they come in, and I don't know what has
23 happened to them, they are just not there; they are
24 not with it. And they admit, sure they were on
25 hashish last night, or whatever, grass. I have said
26 it in front of them.

27 People have befriended me, have come
28 to me for assistance and advice, and counsel, and
29 I have given it. I give them a fair break and I do
30 whatever I can, whatever my views are on the use of

1 drugs. I use every possible, reasonable, legitimate
2 defence. And I can see the difference.

3 THE PUBLIC: And these people should
4 be denied access to universities?

5 DR. SHUMIATCHER: Yes, I think they
6 are wasting their time and the public's money and
7 the professors' ability.

8 THE PUBLIC: Why are so many of us --
9 excuse me when I say this -- getting fair grades in
10 school?

11 DR. SHUMIATCHER: Well, that's a whole
12 other question about grading, of course, which is
13 unfactual anyhow. And I have my views on the standards
14 and I'm not particularly impressed. But, that's
15 another whole question.

16 THE PUBLIC: Okay.

17 DR. SHUMIATCHER: But you asked me
18 on what I based my view, and it's a debatable point.

19 THE PUBLIC: I have a debatable point
20 now for you. Is the arresting officer, or undercover
21 agent, engaged in the process -- although it may be
22 just a fine line, or, is he not guilty of possession
23 as soon as he buys an ounce of marijuana or hash?

24 DR. SHUMIATCHER: In the case of the
25 law, no. On the other hand, if he aids and abets an
26 offence, that is, if he causes an offence to be
27 committed by some active participation on his part,
28 then he is guilty of the offence of trafficking as
29 well. The offence of possession. On the other hand,
30 if he doesn't go that far, then simply holding the drug

1 in his hand isn't possession, no more than if the
2 drug is brought into court and I hold it for the
3 defence. I can't be prosecuted for possession, nor
4 the judge.

5 THE PUBLIC: To be convicted of
6 possession, you have to have the intent to use it?

7 DR. SHUMIATCHER: Well, I wouldn't
8 say intent to use it, but certainly you must have
9 some purpose other than the enforcement of the law,
10 or the administration of some process of the law.

11 THE PUBLIC: And that ---

12 DR. SHUMIATCHER: Otherwise, the law
13 wouldn't work as the law. In other words, it's a
14 defence that I had thought of using, but it isn't a
15 valid one to be supported.

16 THE PUBLIC: I believe there are cases.

17 DR. SHUMIATCHER: There are cases.

18 THE CHAIRMAN: Dr. Shumiatcher, I would
19 like to pursue your observations with respect to the
20 recommendation of the interim report that cannabis
21 offences -- respecting cannabis be transferred
22 from the Narcotic Control Act to the Food & Drug Act.
23 First of all, a clarification concerning your reference
24 as to what is actually said on the subject in the
25 report. The report refers to this classification
26 in several places, and you do refer to paragraph 147
27 of the report. Indeed, that is, as you say, a para-
28 graph which has been referred to by a subsequent
29 section of the report, Page 73 -- you have it in
30 your hand -- the first paragraph, allusion to classifi-

1 cation in the following words: "The resulting
2 confusion is exemplified by current legislation in
3 many parts of the world, including Canada and the
4 United States, which classifies cannabis with the
5 opiate narcotics, even though these drugs are pharmaco-
6 logically different."

7 There are, however, further -- two
8 more, perhaps -- explicit full references to this
9 problem of classification. One is in paragraph 27
10 of the report, and I think it is important, if we
11 are going to refer to report, certain sections, that
12 we get the full citations, as is possible.

13 Paragraph 27, page 18, there are the
14 words, for example: "The word 'narcotic' has been
15 used inconsistently in scientific as well as lay
16 language and has been the subject of considerable
17 disagreement in legal matters (for example, marijuana,
18 cocaine, and other non-opiates are frequently
19 controlled under laws regulating narcotics, in spite
20 of the fact that they are pharmacologically different
21 from this group)."

22 Finally, I should say there is a very
23 explicit reference to the question of classification
24 in paragraph 17 -- paragraph 395, excuse me, paragraph
25 395 at page 202 of the report. And this is the
26 paragraph in which the basic statement is to be
27 found on classification, and it says as follows:
28 "There is universal agreement that cannabis is not
29 a narcotic and should not be classified legally with
30 the opiate narcotics. Such classification is mis-

1 leading and undermines respect for the rationality
2 of law. There is not such scientific agreement
3 as to what its proper classification should be, but
4 there seems to be a general consensus that if it is
5 to be classed with any other group it may be regarded
6 as a mild hallucinogen, although some point out that
7 its character is rather that of an intoxicant than a
8 hallucinogen. On the question of legal classification
9 we agree with the Canadian Medical Association's
10 suggestion that it has greatest affinity with the
11 restricted drugs in Schedule J of Part IV of the
12 Food and Drugs Act. We shall have more to say on this
13 point in our interim recommendations for changes in
14 the law."

15 And Section 467 in which we say,
16 "Since cannabis is clearly not a narcotic..", you can
17 see the reference to paragraph 147, "..we recommend
18 that the control of cannabis be removed from the
19 Narcotic Control Act and placed under the Food and
20 Drugs Act."

21 So that there is no question in the
22 interim report, but a clear emphatic statement that
23 is a matter of scientific judgment, universally
24 supported, that it is not classified as a narcotic.

25 Now, I should like to move from that
26 statement to a question of fact, to your basic
27 assumption, the basic assumption underlying your
28 position that it should not be transferred. There
29 are two assumptions, it seems to me. One is the
30 importance of what you call "moral disapprobation", and

1 I shall ask you -- we have heard on that point, the
2 first assumption, that it should be retained under
3 the Narcotic Control Act because of the importance
4 of this moral statement. We have heard evidence
5 repeatedly, in our inquiry, that the classification
6 of cannabis as an opiate narcotic, far from giving
7 it a moral statement, undermines respect for the
8 law as a rational process because of the universally
9 recognized fact that it is not a narcotic.

10 What are your observations on that?

11 DR. SHUMIATCHER: I haven't got the
12 Food & Drug Act before me, but my recollection is
13 that Schedule J covers substances such as LSD. Am
14 I correct on that?

15 THE CHAIRMAN: That is right, and other
16 hallucinogens.

17 DR. SHUMIATCHER: And it is regarded
18 by many people as being a far more dangerous drug,
19 narcotic drug, than marijuana and hashish. I believe
20 you say something about that in this report. That's
21 the view.

22 Now, therefore, what is the magic of
23 having one statute or another. Whether it is called
24 "narcotic" or whether it is called a "drug", what
25 we wish to get across to the public, I submit, is
26 that the use of these substances -- let's call them
27 substances -- is undesirable. I think what is
28 inconsistent today is having marijuana in the Narcotic
29 Control Act and LSD in the Food and Drugs Act. There
30 is quite an inconsistency there.

1 But, I think the important thing is
2 that these matters be regarded as serious. My recom-
3 mendation would be, under those circumstances, put
4 LSD and equally dangerous drugs under the Narcotic
5 and Drug Act, call it the Narcotic and Drug Act. My
6 purpose in suggesting that is that, how else are you
7 going to get across to the public that this just is
8 not an offence like putting too much fat in hamburger.
9 You put something in the Criminal Code -- frequently
10 I find this -- let us take things like criminal
11 negligence, which is in the Criminal Code, which is
12 driving without due care and attention in the Vehicles
13 Act. All provinces have lighter Vehicles Act offences
14 which also have a counterpart in the Criminal Code.
15 When a man is charged with a Criminal Code offence
16 he knows he is being charged with something exceedingly
17 serious.

18 THE CHAIRMAN: He would know that
19 the criminal law of Canada is found under the
20 Criminal Code. Would it be rather the severity
21 of the sanctions that creates the sense of importance
22 rather than the name of the statute in which it
23 appears. Does the public really know the names of
24 the statutes. Is that really what is present in their
25 consciousness when they evaluate what the State
26 attaches to particular offences. The LSD offences
27 have much more severe penalties attached to them than
28 the other regulatory provisions that you made allusion
29 to in connection with aspects of the Food and Drugs
30 regulations.

1 DR. SHUMIATCHER: I think it is
2 important in the administration of justice, as in
3 selling corn flakes, that the packaging be appropriate.
4 I think packaging has a good deal to do with this.
5 If the public thinks this is just like a by-law
6 offence or just a mere statute offence, that is all
7 the Criminal Code for statute offences, but they
8 are not regarded in that light. They basically
9 go to ---

10 THE CHAIRMAN: But then, continuing
11 in this vein, of what makes for effective compliance
12 with law, and therefore, effective operation of law,
13 if the law purports to be based on scientific
14 classifications and assumptions concerning substances
15 of relative potential for harm, is it not a considera-
16 tion of the effectiveness of that law, that the
17 classifications should exhibit rationality?

18 DR. SHUMIATCHER: There is nothing
19 wrong with that. I would not quarrel with that idea
20 at all. Many statutes define cattle, and cattle,
21 as you know, includes horses and dogs and sheep. It
22 is just a word that is used as a compendious word.
23 I think that is an example. Of course; what you suggest
24 is perfect. But I do not think it is the most
25 important factor.

26 As Houlden says, "experience and not
27 reason is the light of the law." And I think that
28 what we should be looking at is what effect this is
29 likely to have.

30 THE CHAIRMAN: In the light of the

1 context of this discussion, what is the meaning of
2 that statement? Do you think that it is experience
3 and not reason which is the light of the law? What
4 has been the experience with this law?

5 DR. SHUMIATCHER: Let me apply it,
6 first of all, to my reasoning, and it is basic for
7 me to use this. It is far more important to have an
8 effective law which will discourage the use of drugs
9 than it is to have a neat and compendious law which
10 is all written out, with all of the schedules, and
11 neatly classified in a manner that satisfies the
12 Canadian Pharmaceutical Association because it is
13 in accordance with the medio. That is not important.
14 The important thing is, what is the reaction that
15 we are getting?

16 I am suggesting to you that if the
17 users of drugs realize that this is not kid stuff,
18 that this is a very serious matter going right to
19 the very root of motivations and competence of the
20 individuals in our society -- and I believe it is, or
21 else I would not be here, and I think you believe
22 it too -- then I suggest that we ought to use a vehicle
23 for expressing this information insofar as the law
24 is concerned, which leaves no question paramount
25 to representing the public disapproval to the utmost.

26 THE CHAIRMAN: Well, now, speaking of
27 cannabis, I take it -- is it your position that the
28 simple possession for use of cannabis should be
29 liable for imprisonment up to seven years?

30 DR. SHUMIATCHER: No, I could scarcely

1 think of any offence where seven years imprisonment
2 would be an appropriate penalty. Of course, I am not
3 suggesting that at all, no, no.

4 THE CHAIRMAN: Well, then, you believe
5 there should be a reduction?

6 DR. SHUMIATCHER: Very much so.
7 I think the Commission is certainly on the right
8 track there.

9 THE CHAIRMAN: Do you believe that
10 simple possession for use of cannabis should be
11 liable to imprisonment?

12 DR. SHUMIATCHER: I don't think for
13 a first offence, not for a first offence. I don't
14 think any first offender should be imprisoned, and
15 that is my view and that applies here; although,
16 I think, a suspended sentence for first offence, a
17 fine for the second with imprisonment for default
18 in payment of fine, and thereafter, imprisonment,
19 and finally, as we have on impaired or drunken
20 driving cases, it becomes mandatory, seven days
21 minimum imprisonment for a second offence if you are
22 either impaired, or drunken driving. What is so
23 wrong with that? I do not like it when my client
24 is under the gun, but on the other hand, Mr. Heald
25 has pointed out the danger.

26 THE CHAIRMAN: Professor Bertrand?

27 PROFESSOR BERTRAND: If I can come
28 back for one minute to your wish to classify cannabis
29 in a law in another schedule, which, I think, in your
30 terms, your estimation, conveys the meaning of greater

1 severity of sanctions to that law, what would you
2 say about the actual efficieny, the efficacy of this
3 classification? Has it reduced, to your knowledge,
4 the use of cannabis to any extent?

5 DR. SHUMIATCHER: No. But I am very
6 glad that you asked that question. Let me put it to
7 you this way. If cannabis had originally found its
8 way into the Schedule J of the Food and Drugs Act,
9 I would say that is fine. But it didn't. It was an
10 accident, and I guess it was in 1923 -- I'm not quite
11 sure -- but, anyway, what I am saying is this, that
12 being found in the Narcotic Control Act now, to remove
13 it from the Narcotic Control Act now and put it in
14 another category is tantamount to saying, "Well,
15 general public, this is not as bad a thing as we
16 thought." It is really condoning it, if not encouraging
17 its use. This is my principal objection.

18 PROFESSOR BERTRAND: But I said, as
19 a Doctor of Law, as you are, and as a professional,
20 how do you feel about classifying wrongly this
21 substance?

22 DR. SHUMIATCHER: I am not appeared
23 about those things at all, because our laws are full
24 of this kind of conflict. And if you wish to question
25 laws on a purely scientific basis, we have all kinds
26 of changes that you could probably make. No, that
27 does not trouble me at all.

28 PROFESSOR BERTRAND: You do not mind
29 calling a thing by a name which is not its name?

30 DR. SHUMIATCHER: No, that is not a

1 problem for me, no.

2 MR. STEIN: Could I follow that
3 question with one other? On the basis of what you
4 have just indicated, your major interest is not in
5 accuracy but in somehow maintaining the condemnation
6 of an act which you have indicated you are quite
7 convinced is ---

8 DR. SHUMIATCHER: I do not accept
9 that for a minute. It is not a question of accuracy.
10 That was not my statement at all.

11 MR. STEIN: That is the answer you
12 have just given my colleague. You are not interested
13 in the accuracy as long as it accomplishes the goal
14 of maintaining ---

15 DR. SHUMIATCHER: No, I adhere to the
16 good premise that "a rose by any other name will
17 smell as sweet" and I don't think it matters.

18 THE CHAIRMAN: Well, is it the same
19 rose? We get our assumption that it is not an opiate
20 narcotic -- and this is supported, I think, by
21 universal scientific opinion. Are you assuming that
22 it is an opiate narcotic? Because, when you say
23 "a rose by any other name will smell as sweet", the
24 implication, I think, is that, for practical purposes
25 it should be assimilated to opiate narcotics, and
26 therefore there is no particular harm there for it
27 to remain under that Act. Is that your position?

28 DR. SHUMIATCHER: My position is this.
29 I think that it is better to call it the Narcotic and
30 Drug Act and I would take what appears in Schedule J

1 from the Food and Drugs Act and put it in that Act.

2 THE CHAIRMAN: So you think all the
3 drugs should be assimilated to narcotics?

4 DR. SHUMIATCHER: Why not? I think this
5 makes a lot more sense. I think we all agree that
6 there are many items in Schedule J of the Food and
7 Drugs Act which are more serious than some in the
8 Narcotic Control Act. It seems to me that that is
9 far more important, the effect of it, whether pharma-
10 ceutically speaking it is a narcotic or a drug.
11 Really, what difference does it make?

12 THE CHAIRMAN: I take it then, the
13 relative potential for harm is a matter of indifference
14 for you, as far as the law is concerned.

15 DR. SHUMIATCHER: No, I did not say
16 that at all. I am saying it is, and that is why I
17 suggest it is anomalous for LSD to appear in the Food
18 and Drugs Act, which apparently is a mild Act, and
19 then you have whatever you wish to call it, substance
20 such as hashish, in a more serious act. I say put them
21 all together.

22 THE CHAIRMAN: Surely, we come back --
23 I put it to you that insofar as legal perception is
24 concerned as indicating what the law considers as
25 relative harm, it is a major offence and not some
26 general notion of the Act. LSD is subject to certain
27 penalties and surely the relative severity of those
28 penalties indicates the relative importance attached
29 by the legislature, albeit to make your submission
30 a bit --- and so on.

1 Is it your view that these drugs
2 should all be assimilated for legislative purposes
3 regardless of their relative potential for harm?

4 DR. SHUMIATCHER: You mean the ones
5 in Schedule J?

6 THE CHAIRMAN: All that are now
7 prohibited by law in Canada. It is all criminal law
8 and we are agreed on that. That is, regardless of
9 titles of Acts. Do you feel that they should all be
10 assimilated for legislative purposes, that we should
11 ignore distinctions as to relative potential for harm?

12 DR. SHUMIATCHER: Yes, I think so. I
13 think that would be highly anomalous. We are dealing
14 now, basically, with the same problem. Now, if you
15 wish to have differences in penalties, heroin, I guess,
16 is deserving of a heavier penalty; this could be in
17 the Act. You do not necessarily have to have just
18 one penalty in the Act just because you have only
19 one statute. And you might have several schedules,
20 if you wished. But, I cannot for the life of me,
21 will all deference to the members of the Commission,
22 understand the purpose of moving marijuana from one
23 Act to another, without dealing with the thing more
24 comprehensively. Because the interpretation that
25 is given to your recommendation across the country
26 is, "Oh, well, this is no problem", or, "a minor
27 problem".

28 THE CHAIRMAN: Should cannabis be
29 subject to more severe penalties than LSD?

30 DR. SHUMIATCHER: I will be frank with

1 you, I don't know. I will not express an opinion on
2 that off the top of my head, but let me put it this
3 way. I think/there was a case with respect to these
4 various substances, I would think so. I'm not in a
5 position to say A, B, C, D and so on.

6 THE CHAIRMAN: But you have suggested
7 that there should be less severe penalties for cannabis.
8 Cannabis is presently subject to more severe penalties
9 than LSD. You suggest it should be subject to lesser.
10 How do you reconcile this with your theory that any
11 change in the law with respect to cannabis may
12 encourage its use?

13 DR. SHUMIATCHER: I think, probably,
14 the experience is this -- and I do subscribe to you --
15 from my limited experience, it has been a first hand
16 thing, but people do start off with a milder drug
17 or narcotic, or call it what you will, and gradually
18 go up. And I think it is a very simple matter for a
19 young person to experiment with these things; and
20 I think that this should be recognized. Experimentation
21 at an early stage is the result of simply lack of
22 knowledge or understanding. All right, I'm very much
23 in favour of giving every consideration to such person.

24 MR. STEIN: Do you not think that that
25 could have the same effect, is it not possible that
26 people will interpret what you have just said as
27 indicating that you do not feel that this is such a
28 serious matter with young people?

29 DR. SHUMIATCHER: No, I feel it is a
30 very unfortunate matter, and it can be a very serious

1 matter. But, in the same way that we have one type
2 of penalty where a person steals an article worth less
3 than \$50.00 and a very much higher penalty for somebody
4 who steals an article worth over \$50.00. So, it seems
5 to me that we all agree that certainly heroin is the
6 worst of all. It stands highest on the drug list,
7 it is capital murder. Whereas I don't think there is
8 any doubt that marijuana does not stand in that
9 relationship.

10 MR. STEIN: Your position is very
11 confusing to me, because on the one hand you are
12 stating that any changes that may indicate what will
13 make the penalty less severe will carry with it
14 an appearance of condoning the Act, and in the next
15 breath you state your approval of changes in the manner
16 of dealing with possession of marijuana, yourself.

17 DR. SHUMIATCHER: No, I think I put
18 it a little differently. With all respect, you are
19 misinterpreting. You are dealing with this all on
20 the premise that I regard, as Gilbert & Sullivan, in
21 saying that punishment must be made to fit the crime.
22 I don't believe that for a minute. The punishment
23 should not be made to fit the crime at all, it should
24 be made to fit the offender.

25 Now, I am saying this -- perhaps I
26 am not making myself very clear -- I am saying this,
27 that the likening of the user of marijuana -- the
28 user of marijuana is a person who first experimented
29 with something that he doesn't know anything about
30 or doesn't know what it is likely to do. All right?

1 Having taken that position, I think the youngster
2 who is conned into using it, persuaded into using it
3 because his peers are doing it, I think it's very bad
4 and I think it should be made very clear that he is
5 now in this area of the Narcotic and Drug Act area;
6 "Look, Mister, this is all -- this is the law; it's
7 all in this little Act." Certainly, let the public
8 know.

9 MR. STEIN: It would be your position
10 that it is not possible to consider responsible use
11 of the drug, marijuana. In other words, if this is
12 ruled out, there is not any possibility that an
13 individual might use it on a casual off again, on
14 again, basis?

15 DR. SHUMIATCHER: I didn't say that
16 the use or possession, or use and abuse, or the sale of it
17 is an offence.

18 MR. STEIN: It is an indication of
19 some form of sickness, then, I take it?

20 DR. SHUMIATCHER: I didn't say that.

21 MR. STEIN: I am asking.

22 DR. SHUMIATCHER: I don't say that --
23 I do say this, I do say this; that in all likelihood
24 it will, in my feeling, in my view, lead to a kind
25 of sickness, yes.

26 MR. STEIN: It will?

27 DR. SHUMIATCHER: Yes, this is my view
28 from where I sit.

29 MR. STEIN: In the majority of cases,
30 of users?

1 DR. SHUMIATCHER: I have seen it again
2 and again. You see, Mr. Heald talked about experiences
3 with these drugs in Saskatchewan going back over two
4 years. This, of course, is not so. These drugs have
5 been experimented with here for about fourteen years
6 and I happen to have had a very close relationship
7 with experimenters. With this, with hashish, and
8 with LSD. And I have seen what these drugs have done
9 to people. I have heard those related to in many ways.
10 And what I see troubles me deeply.

11 MR. STEIN: Could I ask you one last
12 question? In your brief to us, you say on the bottom
13 of page 5, "In my view, the problems of drug use and
14 drug addiction cannot be solved by government legis-
15 lation or government action alone. These problems
16 cannot be dealt with by prohibitory or penal laws..",
17 etc. Then you state three recommendations to us about
18 what should be done, on page 6. And all of these
19 are forms of continuing sanctions, or introducing
20 new sanctions such as the prevention of people going
21 to university if they have drug histories; perhaps
22 preventing them from getting employment. What I am
23 interested in, and I am referring to your comment
24 about your concern that leisure may be the problem
25 here; people don't know how to live with leisure;
26 do you have any recommendations, that you yourself
27 indicate, sanctions of a penal nature will probably
28 not get us too far along? Do you have any other
29 recommendations to us about what might be done to
30 use
reduce drug/besides your recommended sanctions?

1 DR. SHUMIATCHER: Well, first of all,
2 I would say that this is not very carefully perused,
3 but if you would add the word "alone", that would be
4 more -- what I meant was that any of these things ---

5 MR. STEIN: No, I appreciate that,
6 but I am just asking what recommendations you might
7 add.

8 THE CHAIRMAN: But with respect to
9 paragraph 3, on page 6, you say, "encouragement to
10 express this disapprobation should be given in the
11 following, among other ways: All applications for
12 admission of students to schools, colleges and
13 universities should contain questions that must be
14 answered by the applicant, as to whether he has used
15 and /or uses drugs...". Do you consider these
16 recommendations in your report as including alcohol?

17 DR. SHUMIATCHER: Yes, they should.

18 THE CHAIRMAN: So, if application to
19 a Law Society would be dependent on whether or not
20 you had used alcohol, I think you would have to
21 replace the legal profession overnight.

22 DR. SHUMIATCHER: All I'm saying is
23 that these are factors which should be taken into
24 account. There is no contest, it seems to me between
25 myself and anyone else on the -- now
26 why? Because we all know that we are at the
27 mercy of a pilot who does not have his wits about him.

28 And I put it to you as members of
29 this Commission, would you be very happy to think
30 that when you got on an aircraft here, heading for the

1 east or west, that the pilot was smoking a joint while
2 he was flying, or had done so?

3 THE CHAIRMAN: No, and we wouldn't want
4 to think he had been drinking, that he'd had two
5 Scotches either.

6 DR. SHUMIATCHER: Precisely.

7 THE CHAIRMAN: But does this call for
8 general application of the criminal law for use in
9 all circumstances under criminal law?

10 DR. SHUMIATCHER: Let me put it to you.
11 It's as simple as this. I wouldn't engage a student
12 of law in my office. I must say, I wouldn't want
13 a person who drank to excess, who was likely to be of
14 such disposition that he would be an alcoholic. He
15 would be out as far as I'm concerned. Equally, a
16 person who I thought was the kind of person who needed
17 to use any of these drugs, any of them, if I knew
18 about it, I wouldn't have him as a lawyer in my office
19 because I think that the work he does is as important
20 as the pilot who flies an aircraft.

21 As an individual, I would ask those
22 questions, as an individual employer. Now, I am not
23 saying that this should go into the law as a penal
24 provision or as a condition -- perhaps, in public
25 schools you wouldn't have to. But, what I am trying
26 to get across, Mr. Chairman and members of the Commission
27 is this: I put it to this Board that this is a public
28 hearing, this is interesting, here is a way of dealing
29 with a problem so that a young person knows that if
30 he resorts to the use of drugs, there is going to be a

1 price to be paid. If he thinks it's worth the price,
2 well, that's fine, that's up to him.

3 MR. CAMPBELL: In this very section,
4 in (a), (b) and (d), you say applications for employment,
5 or applications for a licence, and at the end you say,
6 "...it being made known that use of drugs may be a
7 reason of rejecting the application for employment...",
8 whereas in (a) "...All applications for admission of
9 students to schools, colleges and universities should
10 contain questions that must be answered by the applicant",
11 (d) "Applications for membership in professional
12 associations should contain similar questions and like
13 questions." It doesn't make clear the purpose of
14 asking these questions. What is the purpose of (a),
15 (b) and (d)?

16 DR. SHUMIATCHER: Well, I'll be perfectly
17 frank with you. These are matters that I have not
18 worked out in great detail, and these are problems
19 in which respect I have reservations. Now, I don't
20 want you to feel this is my last word, or last thought.

21 THE CHAIRMAN: But this is an extremely
22 serious suggestion you are making, because the implica-
23 tion is that these should be conditions of the various
24 rights and privileges as enumerated in these five
25 paragraphs. Now, you say you have to be careful, of
26 the reflection of the implications. I mean, we already
27 know -- if I may just make this observation, there
28 have been an /insurance companies/making these
29 conditions, and now you suggest it should be done
30 in other instances, and you say you haven't given

1 careful consideration to it.

2 DR. SHUMIATCHER: No, that's not correct,
3 Mr. Chairman. I have given careful consideration
4 to it. Please don't put words in my mouth. What I
5 did say was, there is a difference, as Mr. Campbell
6 pointed out, in the consequences of (a) on the one
7 hand, and (b) on the other. But I said, in respect
8 of the consequences, in respect of (a) "...applications
9 for admission of students to schools...universities",
10 I had not considered the consequences. Please confine
11 it to that.

12 THE CHAIRMAN: Well, what is the
13 purpose of asking a question in the application form
14 if you haven't thought about the consequences?

15 DR. SHUMIATCHER: Well, I think there
16 would be many purposes. I think in the first place
17 if the student does not do well in his studies, it
18 may be attributed to this fact. I think if a student
19 is addicted to alcohol it should be known, and it
20 should appear. Why not? What's wrong with it?
21 Whether or not they'd deny, I don't know, I haven't
22 made up my mind, I haven't got a view; that's all
23 I had told Mr. Campbell. I wouldn't suggest that,
24 because I haven't thought this through.

25 THE CHAIRMAN: Well, in paragraph (b)
26 it says, "...it being made known that use of drugs
27 may be a reason of rejecting the application for
28 employment and a cause for dismissal."

29 DR. SHUMIATCHER: Yes, I stated that
30 because -- I was reading in a report, that Detroit

1 is having an inordinate number of
2 accidents, a great amount of absenteeism, attributable
3 to reckless use of drugs. This is a fact, that in
4 my submission, is underlying the whole industrial
5 potential in this country, let alone our academic
6 standards and the standard of living itself.

7 DR. LEHMANN: You would not be afraid,
8 as someone in the audience pointed out, that this
9 may lead -- induce people to lie on a very big scale?
10 Because, I know some hospitals, for instance, in
11 which they don't allow interns to ski during the
12 winter because there were too many accidents. Now,
13 could not this, then, by the same token, suggest
14 that anyone who skis would have to put this on his
15 application? And he knows, of course, that this
16 might be a reason for his not being accepted, because
17 he is a greater risk. And there is, of course, a
18 long list of other things one might add in the same
19 way. Isn't that going to be quite a restriction of --
20 I don't know, civil liberties, but, certainly, an
21 inducement for lying?

22 DR. SHUMIATCHER: There is no civil
23 inducement to lie. We have heard a lot about civil
24 liberties, but I have yet to hear anyone suggest
25 that lying is a civil right. Certainly, it is a
26 civil wrong.

27 Now, what are we talking about? Let's
28 get down to it. Of course, there may be lying. There
29 is lying and may be lying in any university application,
30 any application for a job.

1 DR. LEHMANN: But being subdued by
2 having ---

3 DR. SHUMIATCHER: By having to tell
4 the truth? Sure.

5 DR. LEHMANN: Well, it asks a lot of
6 things about their private life.

7 DR. SHUMIATCHER: Yes, of course. But
8 if I take a person into my home or my office for a
9 legitimate purpose, am I not entitled to know a good
10 deal about his private life?

11 THE CHAIRMAN: That's a matter of your
12 own judgment, yes, it's selection. But you are making
13 it a condition -- you are suggesting making it a general
14 condition of enjoyment of many rights and privileges
15 of an occupation, and professional character, including
16 a matter of choice, and so on.

17 DR. SHUMIATCHER: Well, is there a right
18 to a job, even in the public service? I am not aware
19 of it. I suggest to you that you have a right to
20 employment in the public services. If your services
21 are needed and you furnish services in the proper
22 way, you are qualified. But surely there is no --
23 there is nothing in here, I suggest to you, which you
24 have as a matter of right. I don't think you have
25 a right to a pilot's licence. Let's take that, for
26 instance, because there is not much there. You all would go
27 for that, I'm sure. Why draw the line on fire engines.
28 Let's take that as an illustration.

29 MR. STEIN: Wait a minute, I'm sorry,
30 I have to -- are you saying -- I would have an objection

1 to a pilot drinking while he is flying, but I don't
2 have an objection to him having alcohol while he is
3 at home and not on the job. Just to set the record
4 clear on that.

5 THE CHAIRMAN: You see, what kind of
6 an image are you attempting to develop by your use
7 of law, and by your -- what seems to me -- your
8 attaching importance to an obvious statement of
9 whether the applications are classified or not by
10 these other suggestions. What kind of an image
11 are you attempting to develop? Are you attempting
12 to develop an image that all non-medical drug use
13 is to be prescribed, is to entail serious personal
14 consequences? Is that what you are trying to --
15 because you can't exclude use of alcohol from these
16 questions. You can't exclude the use of cigarettes,
17 which may create a ^{much} greater fire hazard than anyone
18 could conceive of. There is no doubt that certain
19 questions are pertinent in the assessment of qualifica-
20 tions, but is this the object generally, to create an
21 impression that all non-medical drug use is bad and
22 is to be rendered as having consequences possible
23 for the individual? Is that your philosophy?

24 DR. SHUMIATCHER: Let us start off with
25 this -- I think if we could start out at the beginning
26 we would find that our society would be a happier
27 and better one without alcohol, if we could start off
28 with a clean slate. I think we probably all use it
29 and I think we would all agree it is causing more
30 misery in human affairs than pleasure. I think we could

1 possibly say the same thing about tobacco.

2 But we cannot start with a clean slate.
3 This is part of our society, part of the good and
4 the bad of our society, so we accept it. But now
5 we must remember that in 1955, as recently as that,
6 according to the Royal Commission of that year,
7 these drugs were virtually unknown and unused in
8 this country, and now you as a Commission are sitting
9 to mold the shape of things to come, because what
10 you will say and recommend and if accepted, will
11 likely affect the whole moral and physical tone of
12 the environment of this country for years and years
13 to come, because there will be no turning the clock
14 back.

15 Now, I'm asking you the question: Do
16 you envisage a society in which you wish to proliferate
17 the non-medical use of drugs. Because anything you
18 do, in my submission, which condones or encourages,
19 or seems to condone or encourage a greater use of
20 these drugs for non-medical purposes, is going to
21 lead to their wider and wider acceptance. And so, it
22 will be as common to use them as it is today to use
23 tobacco and alcohol. Now, is this the kind of
24 society you want?

25 I suggest this is, perhaps, our last
26 stand, the last chance we have to stay that develop-
27 ment in this country. And, I suggest that the stand
28 should be taken against this proliferation. So, in
29 answer to your question, yes, I say that the tenor
30 of your recommendations ought to be in opposition to

1 any non-medical use of drugs, yes.

2 THE CHAIRMAN: That is a clear answer
3 to the question.

4 Gentleman at the microphone?

5 THE PUBLIC: Dr. Shumiatcher, the last
6 time the Commission was here, in the spring time, you
7 made a reference to "soma" from the Huxley book,
8 "Brave New World". It seems that soma was a drug
9 that would help people escape. I suggest that
10 alcohol is that drug now, and I also suggest that
11 you could put a blanket over all drugs and say they
12 are bad. It is important to distinguish between
13 drugs, between the opiates and the psychedelics,
14 barbiturates and amphetamines. I have had quite a
15 bit of experience with drugs over the last two or
16 three years, mostly the psychedelics, and mostly
17 for experimentation.

18 I used to have an awful drinking
19 problem when I was about sixteen years old. I used
20 to fight and I used to steal, and I used to find
21 myself in jail. So, one time I got out of jail and
22 decided not to use anything, not to use alcohol or
23 pills, because it was really messing me up and I would
24 lose control. Then I started reading about psychedelic
25 drugs and tried experimenting with them. Now I don't
26 fight any more, I don't drink any more, or not
27 excessively, and I don't steal any more. I am more
28 aware of the way, I think, things should be, more
29 aware of all the negative things that are happening,
30 the world situation, and I am more prepared now to try

1 to change that than I was before.

2 So, I think it is important that you
3 don't throw a blanket over all drugs, and I think
4 it is really important that the Commission recommend
5 research into psychedelic drugs.

6 THE CHAIRMAN: Thank you. I notice
7 that it is a quarter past ---

8 DR. SHUMIATCHER: May I just make one
9 comment?

10 I am very much impressed by what you
11 say and may I make the suggestion, I have run across
12 similar situations. As a matter of fact, alcoholism
13 has been treated by Dr. Hoffer and Dr. Osmond for
14 ten years with the use of LSD, in some cases with
15 success and in some cases with no success at all.
16 But in the cases where they have treated it, some
17 of them are most impressive. It is as impressive
18 as what you tell us. But what I am suggesting to
19 you is this. What you are talking about is perfectly
20 sound reasoning. It is not non-medical use of drugs
21 for kicks at all. It is use of drugs for a medical
22 purpose, to aid life, to promote life, not to
23 cripple and destroy, just for kicks. And herein
24 lies the difference in the approach, it seems to me.

25 THE PUBLIC: I did not approach it
26 with the idea of curing myself. I was still after
27 kicks, I guess, or after something that would help
28 me escape, but rather than escaping, it helped me
29 look at it from a different perspective in my own
30 situation, a different perspective. And I think drug

1 education is important. I don't think people should
2 just carelessly start using psychedelic drugs, or
3 LSD, for example.

4 THE CHAIRMAN: I think we will have
5 to adjourn now, but you will have an opportunity
6 this afternoon, and we will reconvene at 2:30 --
7 I sort of lost control of time here -- instead of
8 2:00 as originally intended.

9 So, thank you very much, Dr. Shumiatcher.

10
11 --- Upon adjourning at 1:15 p.m.

12 * * *

13
14 --- Upon commencing at 2:30 p.m.

15 THE CHAIRMAN: Ladies and gentlemen,
16 we will resume our hearing now.

17 Is Dr. Steve Herren of the Department
18 of Psychology of the University of Saskatchewan here?
19 We are expecting him to come.

20 Is Dr. Anne Gustin of the Department
21 of Psychology, and Director of Counselling, of the
22 University of Saskatchewan here? Is Dr. Anne Gustin
23 here?

24 Well, I suppose we will wait for the
25 doctors; Dr. Steve Herren, and invite any comments
26 or discussion from anyone present on the general
27 subject, or/on any submissions that were made this
28 morning.

29 There were people at the microphone
30 when we had to adjourn at 1:15. Is anyone here to give

1 us the benefit of their views at this time? They just
2 sit in silent communion there, and we will have to
3 profit from that.

4 THE PUBLIC: Would it be possible for
5 somebody to give a short resume?

6 THE CHAIRMAN: Well, it would be,
7 perhaps, an inappropriate task for us, because we
8 would be sort of giving our impressions about what we
9 heard.

10 THE PUBLIC: I would be interested to
11 know from a medical point of view if research was
12 being done to see that there is no proximity between
13 those who smoke the occasional marijuana cigarette
14 to a build up to hard drugs, or become addicted to
15 hard drugs, from the use of marijuana. I would like
16 to know what the medical research is on this particular
17 plane.

18 THE CHAIRMAN: Well, we have expressed
19 some preliminary views on the relationship of the
20 drugs, and what is sometimes referred to as the
21 "progression theory". And we have touched on this
22 subject in several places in the report. Unfortunately,
23 we don't have it indexed in the first printing, and
24 that is one of the -- Thank you.

25 We attempt to sum up our impressions
26 at Page 216. And we might just read that if you would
27 like, and we can't really add to what we have said
28 in the report on that. There is further discussion
29 on the subject in Chapter Two, of the effects in
30 relationship to each drug. And, I think for complete

1 understanding of what we say on that, you would have
2 to relate to those bits of discussion in Chapter Two,
3 but here is what we say by way of an attempt to sum
4 up: "In Chapter Two we have touched on possible
5 relationships between the various drugs under study --
6 in particular the phenomenon of cross-tolerance and
7 cross-dependence and the extent to which the use of
8 certain drugs may predispose one towards the use of
9 others.

10 In the R.C.M.P. brief to the Commission,
11 one of the contentions of the law enforcement authorities
12 put forward in defence of their position to maintain
13 the present legal status for cannabis is that it
14 leads to the use of stronger drugs, eventually leading
15 the user to 'hard' drugs, such as heroin. This
16 contention, often referred to as the 'stepping stone'
17 theory, assumes the character of a contagion theory.
18 The R.C.M.P. drug law enforcement experts envisage
19 this contagion operating in a multiple drug use
20 context, and not merely as a simple, direct progression
21 from cannabis to heroin.

22 The multiple drug-use-contagion theory
23 is a general one of multiple drug use to which the
24 use of cannabis is said to be a predisposing factor.
25 What the contention amounts to is -- that the use of
26 one of these psychotropic drugs increases the probabi-
27 lity of the use of others. The R.C.M.P. do not
28 contend that drug progression occurs as a result of
29 a kind of pharmacological action, but rather it is
30 the result of exposure to, and involvement in, a drug

1 sub-culture which encourages experimentation with
2 drugs and a search for new and increasingly potent
3 drug experiences. The R.C.M.P. base the theory on
4 a 'two-year study of this problem' from which they
5 conclude:

6 '...documented evidence proves
7 indisputably that in many cases a
8 transition to heroin does take place,
9 but not necessarily directly and
10 certainly not in every case. The
11 transition is generally from marijuana
12 to hashish to methamphetamine and LSD
13 and then to the opiates.'

14 We are not able to find either the documented evidence
15 for this conclusion nor the study to which the Force
16 alludes."

17 I should say here that this statement
18 attracted a good deal of attention and comment. And
19 what happened, when the R.C.M.P. did refer to the
20 study, and in examination of the public submission of
21 their brief, it was brought out that they did not
22 have, in fact, a particular organization of the material,
23 but they were speaking from their general experience.
24 We asked if we could have the data on which these
25 conclusions were based and they said they would do
26 their best, but it would be a difficult thing to
27 assemble. This is all a matter of record. We did
28 not make the statement in order to (inaudible)
29 the statement of the R.C.M.P. but merely an observation
30

1 that we have not been able to go beyond that testimony.
2 And, I think that is all a matter of record, it is
3 in our transcript, this exchange between us on this
4 subject. So, we state, as fully as we can, the conten-
5 tion of the R.C.M.P.

6 And then it goes on, "In its Annual" --
7 this is in the report. It says, "In its Annual
8 Summary for 1969, the Narcotic Addiction Foundation
9 of British Columbia noted a 'marked increase in the
10 number of young people who had become involved in
11 multiple drug use including heroin'. The Foundation
12 reported that this group, of which 81 were in the age
13 range of 16 to 23, were users of 'a wide variety of
14 drugs from marijuana, LSD, amphetamines and barbiturates,
15 prior to heroin use'. This report does not specify
16 what proportion of these young people who sought the
17 help of the Foundation were addicted to heroin and
18 what proportion were occasional users. Data published
19 by the Narcotic Control Division of the Department
20 of National Health and Welfare for the year 1969,
21 report only 44 additional addicts under the age of
22 25 in British Columbia.

23 However, there may be significance in
24 the fact that from 1959 to 1969, 99 younger aged
25 people reported a history of multiple drug use prior
26 to heroin use, to the Narcotic Addiction Foundation,
27 while in 1969 alone, the number reporting such use
28 reached 81."

29 And it has been observed from time to
30 time, that we may not have been aware of what the

1 Narcotic Addiction Foundation had reported on this
2 As indicated by what I have just read, we attempted
3 to ascertain the basis of this data to the best of
4 our ability, and through our contacts from the
5 Narcotic Addiction Foundation of British Columbia
6 we found their statistics and the Department of
7 National Health and Welfare attempted to clarify
8 that. But it may be just a statistical problem.
9 But we certainly were aware of their contention, and
10 of their faith at the time, through our conclusion.

11 Then it goes on: "Several hypotheses
12 might be advanced to support the contention that: the
13 use of one drug leads or predisposes an individual
14 to experiment with others. In the general view and
15 among drug users, drugs are ranked in a hierarchy of
16 increasing psychotropic potency and of potential
17 danger, running from cannabis, the least potent and
18 dangerous, through the amphetamines to the opiate
19 narcotics which are believed to be the most potent
20 and dangerous. It is reasonable to believe that the
21 notion of hierarchy attracts some individuals to work
22 toward drugs higher on the scale. A number of motives
23 might be suggested: the search for greater 'kicks'
24 or more intense pleasures; the thrill of taking new
25 and greater risks; a desire for attention from other
26 drug users or a high reputation among them; a wish to
27 show increasing disdain or contempt for the values
28 of our society. Some people may be attracted to
29 the drugs which have a dangerous reputation either
30 because they have personality problems and tendencies

1 to self destruction, or because they lack foresight
2 and compulsively seek new experiences and thrills.

3 We also find it reasonable to think that
4 the users of one drug might be led to the use of other
5 drugs simply by their presence and use among their
6 friends and their availability from the dealers they
7 patronize. It must be recognized that an increasing
8 number of persons have multiple drug experiences in
9 society. They can influence others to similar drug
10 use patterns by their mere presence and by reporting
11 their pleasures in other drug use, and by attributing
12 value of their use, or by the fact that any untoward
13 effects of their multiple drug use may not be clearly
14 visible.

15 It is reasonable to be concerned that
16 many younger drug users may experiment with a number
17 of drugs because they lack knowledge of their dangers
18 and may not be concerned with harmful but distant
19 consequences. The tendency of some youth to stress
20 feeling and emotion rather than reason emphasizes
21 their desire for immediate gratification.

22 Frequently and plausibly it has been
23 suggested to us that the belief that young people are
24 being 'lied to' about the dangers of cannabis has
25 led them to shrug off or deny the warnings about
26 other drugs given to them by traditional authority
27 figures.

28 It may be that the first drug experience
29 is a greater step and a more difficult one to take
30 than to move on and experiment with other drugs. Once

1 having taken this first step, there may be a strong
2 attraction for many to try more potent and exotic
3 substances.

4 We think too, that the presence of a
5 drug fad in society encourages multiple drug use and
6 we recognize that in many groups there is probably
7 a pressure on those who seek acceptance by the group
8 to take part in drug experimentation.

9 We have also been told that the shortage
10 of one drug, such as cannabis, 'forced' those who would
11 use drugs to accept other drugs from the dealers. We
12 feel we must take seriously the fact of multiple
13 drug use and further investigate the contention of
14 drug contagion or drug progression. At the present
15 time there is evidence of multiple drug use, but not
16 of a type to establish a causal link or specific
17 pattern between the use of one drug and the use of
18 others."

19 This is what we said in the interim
20 report by way of summary, on the subject. So, the
21 various hypotheses were stated there, but we made
22 a final conclusion on the evidence of actual, precise
23 causal relationships between the drugs, and, in effect,
24 we said that we did not find evidence at the time to
25 be able to report on that point, but we were continuing
26 to study the question of multiple drug use and these
27 contentions about causal relationships.

28 THE PUBLIC: Mr. Chairman, do I under-
29 stand that any individual can express an opinion?

30 THE CHAIRMAN: Yes, very definitely.

1 Would you use the microphone? Thank you.

2 THE PUBLIC: I am Mrs. Milligan, Mrs.
3 Ethel M. Milligan. I have certain, various capacities
4 in this community, on School Boards, as president of
5 the Council of Women; that sort of thing. And I have
6 raised a family of five boys and I have twenty grand-
7 children.

8 My only interest in appearing before
9 this Commission is to make Canada a safer place for
10 my grandchildren.

11 This summer, when I was at the cottage
12 I opened a Christian Science Monitor, an international
13 newspaper, and under the editorial section, on the
14 front page, was this article/^{focused}on cannabis. And I read
15 this quote: "Relex Drug Penalties. A Royal Commission
16 is urging Canadians to relax considerably their laws
17 governing drug abuse. But the nation's ten provincial
18 governments are opposed. Meeting recently, the
19 provincial Attorneys General rejected the proposal
20 that existing prison terms for possession of any drug
21 be abolished, and that maximum fines be limited to
22 \$100.00. The Attorney General, D. V. Heald of
23 Saskatchewan, appeared to express the consensus when
24 he criticized the Commission's anti-police and pro-drug
25 stance. It already is clear that the government will
26 not accept the Commission's report on the power of drugs,
27 but penalties on marijuana users may be eased."

28 It is my desire to commend the Attorneys
29 General meeting in Halifax, for their consensus of
30 opinion, and to commend Mr. Heald for the leadership

1 he gave in making that report.

2 I feel that it is expressing the views
3 of a great many women's organizations, and I am
4 surprised that they haven't taken a stand or commended
5 him for it.

6 And, I also want to say that Mr. Heald
7 went on to say, or rather to explain that he didn't
8 think there had been enough research on marijuana
9 to take it off the narcotics list.

10 Now, I agree with that, and I think he
11 was expressing "making Canada safer" for our grand-
12 children.

13 And, after what has happened recently
14 in Quebec -- and the Prime Minister said, "You need
15 to stand up and be counted", and that is why I came
16 to this Commission today; to stand up and be counted
17 in my opposition to taking marijuana off the narcotics
18 list.

19 THE CHAIRMAN: Thank you.

20 MR. STEIN: I wonder if you would be
21 able to indicate what your views might be about how
22 we in Canada should deal with this phenomenon, the
23 increased drug use by young people, among others?
24 Do you have any proposals that you would like to put
25 before us?

26 THE PUBLIC: I do not think that there
27 is sufficient research on that. I want more research
28 done on it, and you find out.

29 MR. STEIN: In other words -- perhaps
30 I had not been clear. One of the pieces of information

1 that has been brought to our attention during the
2 past year is that there has been an increased use
3 of drugs by young persons, various drugs which are not
4 legal. We would be interested, I'm sure, to hear
5 your views of what the government in Canada, in your
6 estimation, ought to be doing about this phenomenon.
7 In other words, what would you like to see occur
8 relevant to the users of drugs? Are you, in other
9 words, in favour of the use of the criminal law for
10 the user? Should he be sent to jail, should he
11 receive help? What would you like to see happen to
12 those who are using drugs at the present time that
13 are presently illegal? Would you give us an indication
14 of that, perhaps?

15 THE PUBLIC: I must confess, that
16 having raised five boys, and, if they were to use drugs--
17 I can really not understand the present generation
18 leading to use drugs, and I would like -- I sympathize
19 with those who do, but I do think that I would not
20 suggest -- education, certainly, but sometimes that
21 is where it starts.

22 MR. STEIN: Do you have any feeling ---

23 THE CHAIRMAN: Excuse me, that comment
24 about education, "sometimes that is where it starts",
25 do you feel that education could be a cause of it?

26 THE PUBLIC: Well, I mean schools and
27 that sort of thing. For example, that report in the
28 paper of a youngster dying from eating candy on
29 Hallowe'en and then it turned out that he had had a
30 capsule at his uncle's house, or something like that.

1 I do not think people are alert to
2 what is going on.

3 MR. STEIN: Could you tell us -- I'm not
4 familiar with that.

5 THE PUBLIC: Perhaps I could tell you
6 that. It was in last night's paper, The Bindings.
7 Last week this boy -- they thought that he had gotten
8 heroin in candy at Hallowe'en and he died of it, an
9 eight year old boy. In last night's paper they
10 reported that in an autopsy they had found out that
11 he had received a capsule or a pill, or whichever it
12 was, and he had gotten it at his uncle's house. And
13 whoever it was had tried to cover it up by spraying
14 some heroin on his candy, but that had not been the
15 cause. It was the actual pill.

16 THE CHAIRMAN: Yes?

17 THE PUBLIC: The Attorney General this
18 morning indicated stronger prison sentences, stronger
19 punishment for the use of drugs, and he went so far
20 as to say that they would investigate the possibility
21 of what was in the British North America Act in
22 the way that Saskatchewan would have stronger laws
23 against the use of drugs. He also quoted the use
24 of stronger laws as far as drunken driving was
25 concerned.

26 In Saskatchewan, with the prohibition
27 the accident rate was 20% whereas in other provinces
28 it is not. Maybe the Attorney General forgot
29 conveniently, but it is easy to talk about statistics
30 that aren't true.

1 The province of Saskatchewan has not
2 increased in population. The population has declined
3 while other provinces increase, and therefore, it is
4 quite possible that accidents caused by drugs would
5 increase in one province and decrease in another.
6 This application with respect to laws
7 as far as drug users are concerned has another facet.

8 Sunday night the C.B.C. showed a
9 program about a death that had happened at the
10 Regina Correctional Institute where somebody who was
11 a drug addict was, against the psychology of drugs,
12 was thrown naked into the jail and committed suicide.

13 If this is the idea of the Attorney
14 General to cure drug use, it is a very harsh one.

15 --- (Applause)

16 MR. STEIN: I wonder if I could ask
17 the lady who was speaking before, if she had any views
18 about the reasons why young persons, or for that
19 matter, people of all ages, were inclined to be
20 involved in the use of drugs. You said you have
21 raised five children and you are concerned about
22 your grandchildren. Have you any views about why
23 this phenomenon seems to have developed in the past
24 five or ten years with great rapidity?

25 THE PUBLIC: Well, I would say probably
26 because of more publicity now. My husband and I were --
27 I can't explain -- probably an affluent society.
28 I think the turning is in the home.

29 THE CHAIRMAN: The lady there.

30 THE PUBLIC: I would like to say a few

1 words about the audience, and quite a few people.
2 There was a brief submitted to the N.D.P. people, and
3 a lot of people broke up the discussion. I am trying
4 to keep myself on the central theme here, which is
5 drug abuse. Now, first of all, there is, seemingly,
6 25% of all Canadians living in a state of poverty.
7 had
8 We also have/an average between 28,000 and 30,000 children
9 born every year who are illegitimate, and out of this
10 number of children you do not always have good homes
11 for those that are adopted. So, therefore, over a
12 ten to fifteen year period we have had over 300,000
13 to 350,000 illegitimate children born here, and not
14 all them given good homes. So, we could start off
15 at that.

16 The next point that I want to make is
17 this. In the year of 1966, if you have the latest
18 figure available from the Dominion Bureau of Statistics,
19 there were 30,550 juvenile delinquents from the ages
20 of seven years of age to fifteen years of age before
21 the courts of this country for indictable offences.
22 Furthermore, an age group between sixteen years of
23 age to twenty-four years of age, representing 18.3%
24 of our population were responsible for 50% of the
25 criminal and indictable offences in the law of this
26 country.

27 What is the problem, basically? First
28 of all, we have a state of poverty, and secondly, we
29 have had a state of a sad lack of education, and I do
30 not know how many of the school drop-outs combined
come from the broken homes, as well as these children

1 who were born from illegitimate mothers, ranging from
2 the years of fifteen years of age to nineteen years
3 of age. So, therefore, I maintain that every health
4 service that deals with the health of people, and
5 this covers quite a wide area, should be taken out
6 from the Criminal Code of Canada and placed under
7 the Health and National Defence and let the Medical
8 Association take care of those health problems without
9 making certain criminal offences, where the Criminal
10 Code of Canada is concerned.

11 To come down to our present day society,
12 we have had over a period, 350,000 illegitimate
13 children who have not had good homes. We have had
14 a state of poverty existing despite the affluence
15 of the society. Even when we had an affluent society
16 there were still 25% of the people who come from the
17 Dominion of Canada, living on the poverty level,
18 which means that their income is \$1200 or \$1300 a
19 year to bring up children and raise a family.

20 First of all, we need a better dis-
21 tribution of the wealth of this country, and secondly,
22 we require, definitely, employment; and thirdly, the
23 present inflation policies of the federal government
24 are horrible, and in this respect we should have
25 better education, better educational facilities,
26 better understanding between adults and younger people,
27 and some of these problems would not be in existence.

28 The last thing, with drug abuse, that
29 no one has mentioned as yet, is, who is controlling
30 the influx of drugs into this country and who is making

1 the profits on that, and how do these kids pick them
2 up?

3 As far as marijuana is concerned, I have
4 said, over three years now, in every speech that I
5 have spoken, that I favour the legalization of marijuana
6 because you serve no good to anybody, either the user.--
7 for the possession of marijuana, the kids who want to
8 smoke it, by putting them in prison and incarcerating
9 them with hard criminals. They come out as quite
10 different people from what they are when they go in,
11 and it helps no one.

12 As for the other, I suggest that the
13 federal government take that much greater steps
14 against those who control the sale of drugs on the
15 illicit market. And then, perhaps, we could all sit
16 down in a comfortable, cosy manner, and think of
17 incomes of \$12,000.00 a year which permeates middle
18 class thinking, and do something constructive for
19 the people that we have, and our younger children
20 today by giving them a better educational system,
21 more sound values; less of this hypocrisy that has
22 permeated our adult society to such an extent that
23 it has resulted in disgust, distaste and distrust of
24 the whole value of our present day society. And I
25 refer this to the ethical, the moral values, as well
26 as some of the religious values that some people hold.

27 Thank you.

28 THE CHAIRMAN: Yes, would you like to
29 come to the microphone?

30 THE PUBLIC: My name is John Nicholson

1 I am a social worker and a probation officer with
2 the Department of Welfare in Yorkton. What I say are
3 my own personal opinions and not those of the Depart-
4 ment.

5 I regret that I have not had the chance
6 to fully read through the interim report, but the
7 recommendations that I had read I agree with pretty
8 well a hundred percent.

9 I have a few concerns in this area.
10 I am concerned with improving people's social function
11 and I am concerned in three areas, I think.

12 The first, which affects the least
13 number of people, and they are the people that are
14 affected by bad trips, freak-outs, this sort of thing,
15 physically. Second is the area of sentences. Most
16 people who are affected by sentences, who are incar-
17 cerated and come back into the community, I think this
18 number constitutes a greater number than the first.
19 And the third is a greater number which includes
20 the youth which has been alienated by present laws
21 and methods of apprehending as described by Attorney
22 General Heald. Whether or not he knows what is going
23 on or whether or not, there is entrapment going on, is
24 not relevant.

25 People that I have talked to tell me
26 that there is entrapment going on. And this is
27 important, that the kids feel that it is. This
28 includes wire-tapping and the whole gamut.

29 Perhaps you might be interested, as was
30

1 said this morning, in certain trends that have been
2 going on since you were last here. One of the trends
3 that I have heard from a lot of people, and that one
4 of the people in my profession had noticed, is a swing---

5 MR. STEIN: What is your profession?

6 THE PUBLIC: I am a probation officer
7 -- is a swing, just after the release of your interim
8 report, from jail sentences to fines, and it became
9 fairly lenient, and then Attorney General Heald came
10 out very strongly against your report, and the swing
11 seems to have gone back the other way now. The jail
12 sentences are being handed out for first offences
13 in trafficking and not necessarily that of possession.

14 I think those are about all the comments
15 that I have.

16 MR. STEIN: If it is possible, I would
17 be interested in your experience. You said probation
18 officer. Have you had experience of working with
19 persons, as a probation officer, whose crime was
20 the possession or use of an illegal drug?

21 THE PUBLIC: Yes, I have.

22 MR. STEIN: Could you tell us anything
23 about the major experience with them, what type of ---

24 THE PUBLIC: This is sort of a very
25 difficult offence to work with, in the capacity of
26 a probation officer. One who is charged with this
27 offence does not feel himself that he has committed
28 an offence, and so it is a very difficult offence
29 to deal with. In the case of a person breaking and
30 entering; theft, for example, the person realizes, or

1 society realizes that he is a menace to the society,
2 and so he will attempt to rehabilitate himself. Whereas
3 a drug offender very seldom has the intention of doing
4 this. He does not feel that he has committed an
5 offence.

6 MR. CAMPBELL: In numerous of the times
7 that we have visited -- are you in a position to make
8 any comment on the nature of drug use, the extent of
9 drug use, the proliferation of drug use in the
10 communities of this type?

11 THE PUBLIC: I think possibly I am.
12 Yorkton's population is about 14,000, and it's about
13 120 miles northeast of here. And the drug scene is
14 not on as great a scale at the moment as it is in
15 Regina, or any of the other more urban centres.
16 There have been several convictions for drug offences,
17 and I think they have numbered about ten since the
18 first of January.

19 About three of these have been jail
20 sentences.

21 MR. CAMPBELL: In what parts of the
22 population is drug use more prevalent, and what drugs
23 are being used? Are there any trends and patterns to
24 this type of use?

25 THE PUBLIC: The age group, I think,
26 is on the upswing. It used to be thought of as a
27 youth problem, but I think now people are realizing
28 that it is not just the youth scene, it is middle-
aged people who are using drugs as well.

29 MR. CAMPBELL: Which drugs are you
30 speaking of there?

1 THE PUBLIC: I am speaking/ of the drugs generally
2 that you are referring to in your interim report,
3 excluding alcohol.

4 MR. CAMPBELL: Would this include the
5 use of amphetamines?

6 THE PUBLIC: Yes.

7 MR. CAMPBELL: Yes? The use of ampheta-
8 mines that you are speaking of, is this oral use or
9 intravenous use?

10 THE PUBLIC: Mostly oral use at the
11 moment. They haven't been shooting too much speed
12 up until now.

13 MR. CAMPBELL: Could you tell us some-
14 thing of your impressions of the motivation to use
15 by the younger people, say those in the high schools;
16 and also the motivation to use of these older people
17 that you spoke of, let's say with respect to cannabis,
18 marijuana; hashish?

19 THE PUBLIC: First of all it's peer group
20 pressure and second, it's curiosity.

21 MR. CAMPBELL: Would this be true of
22 adults as well?

23 THE PUBLIC: Perhaps more curiosity,
24 and peer pressure as well.

25 MR. CAMPBELL: And what sort of --
26 does this tend to be social?

27 THE PUBLIC: I believe, social.

28 MR. CAMPBELL: Would this occurrence
29 have happened in the last year, or does it have a
30 longer occurrence than this?

1 THE PUBLIC: Around here, I think it
2 has come in very recently. In other parts of the
3 country it has been going on much longer.

4 MR. CAMPBELL: If these adults begin
5 cannabis use out of curiosity, have you heard anything
6 that would indicate the likelihood of the continued
7 of the drug;
8 use /and if so, their motives for continuing use?

9 THE PUBLIC: Yes. I believe they will
10 continue to use it, and the motive for using it would
11 be the effects derived from the drug.

12 And another thing, adults will probably
13 stick with marijuana and hash. People go on to LSD
14 some
15 and/to amphetamines and barbiturates because of the
16 excessive availability. This is probably true of the
17 middle
18 /or upper class in adults.

19 MR. CAMPBELL: What about the lower
20 social economic classes of adults?

21 THE PUBLIC: Around here there is not
22 really that much, because they can't afford it. When
23 you get out to Vancouver where you have a skid road
24 section of town, heavy use is quite great there.

25 MR. CAMPBELL: In a town like Yorkton
26 are you in any position to estimate, even roughly,
27 the proportion of, let's say, high school use, or the
28 proportion of thirty year old, middle class people,
29 who are using these drugs?

30 THE PUBLIC: There was a survey done
by Public Health that came out at approximately 10%.
This was a very rough survey and was done by the
Director of Public Health, Region of Yorkton, and his

1 assistant. It couldn't be considered that reliable.

2 MR. CAMPBELL: This is on the high
3 school population?

4 THE PUBLIC: These were from eleven
5 to grade twelve.

6 MR. CAMPBELL: What was the date of
7 that survey?

8 THE PUBLIC: This was done in the spring
9 of 1970.

10 MR. CAMPBELL: Could you get a copy of
11 the results and send them forward to us?

12 THE PUBLIC: I have a copy with me right
13 now.

14 MR. CAMPBELL: Do you have any feelings
15 about trends in drug use among high school students --
16 either in the numbers or pattern of motivation?

17 THE PUBLIC: I think the trend is
18 toward an upswing in the use of marijuana and hashish.
19 In Yorkton there has been some LSD use, but this has
20 been very limited. I understand Regina is quite
21 extensive. The kids have now progressed to heroin.
22 I understand, by third hand information, that there
23 was a dance in Yorkton about a year ago, at which time
24 the rock band offered caps of heroin at \$5.00 apiece
25 and they had no takers.

26 MR. CAMPBELL: On the basis of your
27 professional experience, what is your view of the
28 appropriateness of compulsory treatment for people
29 experiencing difficulties with drugs?

30 THE PUBLIC: For addiction such as

1 heroin, I would say "yes"; for addictions other than
2 heroin, I think it would be very difficult.

3 MR. STEIN: What treatment would you
4 recommend for heroin?

5 THE PUBLIC: I think you would have to
6 evaluate the situation for each person, and perhaps
7 some of the older addicts would have to be kept on
8 methadone, and the younger ones could be rehabilitated.
9 And it takes very intensive work, it is very difficult;
10 I believe it's about a 90% failure rate.

11 MR. CAMPBELL: In your approach,
12 Mr. Nicholson, to the -- not heroin users, but users of
13 other drugs; what type of approach do you find the
14 most successful?

15 THE PUBLIC: (Inaudible)

16 MR. CAMPBELL: In your work, people
17 who
18 assigned to you/were not heroin users, but users of
19 other types of drugs, what type of approach has proved
20 to be the most successful?

21 THE PUBLIC: It's very difficult to tell
22 at this time,
23 /because -- it's pretty well an educational thing.

24 DR. LEHMANN: It has been said, an
25 intensive approach could be used.

26 THE PUBLIC: This is for heroin addicts.

27 DR. LEHMANN: This is for heroin
28 addicts? Well, why did you say that?

29 THE PUBLIC: Because heroin addicts,
30 anybody who has been addicted to drugs and goes back
on the street, chances are they'll go back to
drugs. And this is -- I haven't had any experience

1 myself with heroin addicts. I know of only one person
2 in Saskatchewan who has been addicted to heroin.

3 DR. LEHMANN: You mentioned a higher
4 recurrence rate, and then you said an intensive approach
5 would be needed. Do you think that it might be
6 effective, or do you know that it has been effective?

7 THE PUBLIC: This has been the result
8 of studies, that it has been effective. This was in
9 the New York area where they had a very high heroin
10 addict population.

11 DR. LEHMANN: And an intensive
12 follow-up was used?

13 THE PUBLIC: This was regarding addiction
14 of heroin addicts at least, in treatment centres and
15 more recent half-way houses, etc. recent half-way houses,
16 with very intensive work
17 by probation officers. And the success was about 50%,
18 I believe.

19 DR. LEHMANN: You mentioned before
20 that it is difficult to work with, as a probation
21 officer, somebody who has been convicted of a drug
22 offence. Now, is this because these people would
23 regard the law as unjust, because, well, if they want
24 to take drugs they should be allowed to, or because
25 they feel that they are being deprived of positive
26 experience?

27 THE PUBLIC: I think, both.

28 DR. LEHMANN: Well, what do you hear,
29 usually? What is the reason for the rejection of the
30 conviction?

THE PUBLIC: Well, they don't feel that
they have committed a crime. They know it's against

1 the law, they don't feel ---

2 DR. LEHMANN: That it's against the
3 why
4 law. But/do they feel the laws aren't acceptable to them?
5 Why do they feel it's unacceptable to them?

6 THE PUBLIC: They feel it has been
7 imposed upon them.

8 DR. LEHMANN: But every law is imposed.

9 THE PUBLIC: They don't feel it has been
10 imposed with enough research to warrant the position
11 of the law.

12 DR. LEHMANN: It's not because they feel
13 deprived of anything by the law, it's just on the
14 principle that a law has been imposed upon a population
15 without proper research?

16 THE PUBLIC: This is my impression.

17 DR. LEHMANN: It's just the principle of
18 the thing?

19 MR. CAMPBELL: It has been suggested to
20 us that this sort of reaction may carry over to
21 attitudes about the law in general.

22 THE PUBLIC: I think it most definitely
23 has.

24 MR. CAMPBELL: Would you like to elaborate
25 on that?

26 THE PUBLIC: This is one of my own
27 major concerns in the area of drug use. I think this
28 is a very strong feeling in the youth of today's
29 alienation of -- especially law enforcement agencies.
30 For example, the term most often used in referring to
law enforcement agencies is the "Pigs". This has been
something very recent. I think it is a preindicator of

1 a feeling. I think it is a dangerous feeling; that
2 this is going to be transmitted, when you have got
3 a fairly large segment of the population feeling this
4 way about law enforcement agencies.

5 MR. STEIN: Just on that point, do you
6 feel that this is an attitude that young people have
7 regardless of whether they are drug users or not? You
8 just said it is an attitude of a large part of the
9 population.

10 THE PUBLIC: I think it has been passed
11 along.
12 It's not just by the drug users. It is a feeling by
13 the youth in general, whether or not they are drug
14 users. It is something that has been passed along.

15 MR. STEIN: I wondered if you could
16 tell us something about what is available to young
17 people in this particular area in the way of opportunity
18 for them to be involved in activities together,
19 pursuing recreation, or social events. I mean, in
20 other words, we have heard communities' different
21 views expressed by both young people and other age
22 groups on the opportunities available in communities
23 for young people for both recreational and educational
24 and vocational matters. Do you have any sense of how
25 young people might feel towards this particular
26 community in terms of the opportunities available?

27 THE PUBLIC: Are you speaking of my
28 community, Regina, or ---

29 MR. STEIN: Well, your community is the
30 one that you would be able to speak to us about.

THE PUBLIC: We have an excellent high

1 school that offers educational opportunity. A lot of
2 kids nowadays are dissatisfied with the education they
3 are receiving, and this has been a problem not really
4 related to drug use, but it is still quite a factor.
5 Recreational opportunities are fairly limited, and
6 they would like to live in a city where there are
7 more opportunities. As far as vocational education
8 goes, there is no institution for any vocational
9 education other than the high school, which does
10 offer educational diplomas and things of that sort.

11 MR. STEIN: Do you find that there is
12 much opportunity for a young person who, say, under
13 the age of eighteen, to have ongoing contact with
14 adults in the community?

15 THE PUBLIC: No, I don't.

16 MR. STEIN: Is it something that they
17 desire, or seek out?

18 THE PUBLIC: I think so, yes. I don't
19 know what the desire is, but I think the desire is
20 there. I think this is something that should happen
21 more often (inaudible) the Establishment.

22 MR. STEIN: Do you think efforts have
23 been made in that direction?

24 THE PUBLIC: We have established --
25 we have been working on establishing a sort of drop-
26 in centre in Yorkton but it is not really off the
27 ground. We hope this will be one of the functions
28 that will develop.

29 DR. LEHMANN: You mentioned the need
30 for intensive follow-up for probation officers, and

1 if you were given the task to follow-up some young
2 people who had been probated because of drug abuse,
3 how many could you carry?

4 THE PUBLIC: The reference I made with
5 regards to follow-up, was for heroin addicts.

6 DR. LEHMANN: Let us say for heroin
7 addict follow-up.

8 THE PUBLIC: I think the study that
9 the probation officers are doing is with three at a
10 time.

11 DR. LEHMANN: Three at a time? For how
12 long?

13 THE PUBLIC: For three to six months.

14 DR. LEHMANN: For three to six months.

15 MR. CAMPBELL: Mr. Nicholson, I asked
16 you about the motives for drug use by the young. I
17 would also be interested in your opinion of the
18 response of adults in the community to the drug
19 phenomenon. One sense is that it is frequently
20 anxiety, perhaps anguish, or anger; could you tell
21 me something about the attitudes/in Yorkton, the
22 various patterns of response and your understanding
23 of the basis for this.

24 THE PUBLIC: I think the attitudes that
25 there is no problem;
26 the adults in Yorkton have is that/it is not really
27 in Yorkton; it is something that you read about in
28 the paper or that is happening somewhere else. It is
29 there. I don't think they realize the full involvement
30 of the community.

MR. CAMPBELL: When they read about it

1 elsewhere, what is the nature of the response that
2 they make to the fact of the use?

3 THE PUBLIC: I think the recent response
4 is fear. This is something that they are deathly
5 afraid will come to / their community. It has been
6 sensationalized by news/media, and blown out of proportion.

7 MR. CAMPBELL: When they are afraid,
8 what are they afraid of?

9 THE PUBLIC: I'm not really sure what
10 they are afraid of. It is the drug thing that will
11 come and affect all their children.

12 THE CHAIRMAN: Excuse me. Professor
13 Bertrand?

14 PROFESSOR BERTRAND: Would you come
15 back for one minute, please.

16 In some of our schools of criminology,
17 there is a feeling that the traditional methods used in
18 cases of probation are somewhat defeated by new forms
19 of deviance and criminality. Would you agree on that
20 statement?

21 THE PUBLIC: I think in some cases
22 they are. Yes. I prefer family therapy approach
23 myself.

24 PROFESSOR BERTRAND: Do you have the
25 chance to organize therapeutic methods underlying --
26 that you wish ---

27 THE PUBLIC: Are you talking about
28 intensive programs?

29 PROFESSOR BERTRAND: Yes.

30 THE PUBLIC: Yes, we have, but not to

1 the degree to which we would like to have the opportunity.
2 nity.

3 PROFESSOR BERTRAND: Thank you very
4 much.

5 THE CHAIRMAN: Thank you.

6 Is Dr. Steven Herren here?

7 DR. HERREN: Yes, I am.

8 THE CHAIRMAN: Would you like to make
9 your submission now? Would you like to be seated at
10 that table there?

11 DR. HERREN: I guess that what I would
12 like to do is only make a few brief remarks and start
13 off with a little story that I read in Esquire magazine
14 a few months ago. You may have read it. I think
15 the implications of the story, especially the social
16 implications and political implications are important
17 because they may suggest strongly that commissions of
18 inquiry, commissions of inquiry such as the present
19 one -- their activities are intuitious. What it may
20 suggest is that the attempt to formulate a rational
21 policy with respect to drug usage, in Canadian society,
22 is a fruitless task, as long as we are operating on
23 an overall context in this/policital set-up.

24 A reporter went to Tijuana and talked
25 to a retired government official in Tijuana, and this
26 older man seemed to be sort of aware, he seemed to
27 have some reasoning about him -- I'm only putting that
28 into the story. He talked about marijuana coming back
29 and forth across the border and so on, and the old
30 official finally said, sort of in exasperation, he said

1 "Look, when I am feeling down, I'm not feeling too
2 well, and I take an amphetamine, nobody seems to
3 complain. And if my wife is feeling a little bit
4 down, feeling a little bit sad or depressed and she
5 takes a tranquilizer, nobody seems to mind. But, if
6 my son who is sixteen, if he is feeling a little bit
7 down and depressed and he smokes a marijuana cigarette,
8 people start raising the hue and cry and he is con-
9 sidered to be a dope addict."

10 Finally, he said, "Look amigo, who are
11 we kidding? The question is, why do we all feel
12 so badly these days?" Okay? I think what this
13 little story is trying to suggest is that in terms
14 of trying to figure out all of the impressions that
15 have come from the Commission, both when you were
16 here in April, and today, we are trying to figure out
17 the individual motivation for smoking marijuana. I
18 think it is sort of an anecdote that tries to suggest
19 that we should move away from explanation of indi-
20 vidual behaviour and look at some of the objective
21 forces, look at some of the objective forces in our
22 society which give rise to the use of various sorts
23 of drugs, among which, of course, are alcohol,
24 marijuana, LSD and so on.

25 Let me just suggest one very obvious
26 thing. This is that for many individuals in our
27 society, the great majority of individuals who hold
28 some sort of job in our society, I'm speaking about
29 the men here and also a number of women that are
30 about the home, but also about the young people who

1 are in the schools in our society, that those
2 experiences, especially in the work in school, which
3 are essentially alienated -- this is a common word that
4 we have heard before, and let me try to give a more
5 meaningful concept to alienation. What it means is
6 that there is no real fullness in the experiences that
7 the individuals have, and you might say that people
8 feel that the experiences -- they are held by the
9 hand by and by, for reasons of economic necessity,
10 and that requires them to be in that position, and
11 you might say that they are essentially empty or
12 frustrated. It is not a fullness of experience.

13 There is now a pretty lot of clear
14 evidence. And frankly, if I might say so, I am tired
15 of hearing that we do not have enough evidence about
16 various aspects of our society today, because there
17 is a lot of evidence as to what is going on.

18 Let me give you an example. Recently
19 the Carnegie Foundation reported, in the United States,
20 studied the American educational system, and discovered--
21 I should not say "discovered" -- I think anybody with
22 their eyes open would realize that education in the
23 United States is oppressive, grim and joyless. Those were
24 the three key terms: oppressive, grim, joyless. And,
25 if we should begin to wonder why various people take
26 stimulants and drugs, we might begin to see,
27 especially with respect to marijuana, which, I believe,
28 is the most widely used drug, aside from alcohol, is
29 that the effects of marijuana is to sort of be able
30 to give the person a / sense of release, at least a
momentary aberration, and a sense of joy. And if we

1 could realize that there are a lot of work situations
2 and school situations that people have in our society
3 which are joyless, then there is no reason -- why
4 should we wonder why people try to head for experiences
5 which give them some sort of fullness, some sort of joy,
6 some sort of release, some sort of human contact which
7 is also missing from our school systems, and most of
8 our work places.

9 Okay. Let me just say one other thing.
10 In terms of the overall intentions of the Commission
11 of Inquiry into the Non-medical Use of Drugs, which,
12 I suppose it's purpose is to formulate some sort of a
13 rational drug policy for the Canadian society, I would
14 like to suggest that this is going to be a fairly
15 fruitless task unless we begin right now to democratize
16 the Canadian society. In other words, the wealth and
17 power in our society is held in the hands of the few
18 as long as
19 and/that power and wealth depends upon corporate
20 wealth we are going to have situations where some
21 people can tell other people what to do. All right?

22 We can have inquiries, we can find out
23 all the information that we can with respect to drug
24 use, its effects, causes, and so on, but if the power
25 of the society still rests in the hands of the few,
26 and this would be the political-economic directorate
27 of this continent, the United States and Canada, well,
28 the sort of policy that we could devise is not really
29 going to have that much effect unless it is to the
30 political end of the persons who presently rule our
society.

Commission of
1 suggestion for the Inquiry, on this matter, is that
2 overall, when the present structure of power, which
3 is based on economic wealth, gets threatened by
4 revolutionary movements, or potentially revolutionary
5 movements, they will use whatever powers are at their
6 command to harass that movement. And one of those,
7 of course, in the long run, I think you can see this
8 is happening in the United States today, which is to
9 mobilize, essentially -- I don't know what term to
10 use -- mobilize more the conservative or the silent
11 majority opinion over the issue of drugs or the sub-
12 culture of
13 politics associated with drugs in an indirect fashion,
14 and mobilize the sort of right wing centre, basically
15 on the fact that many people are confronted with, and
16 look at the issue of usage of drugs in our society,
17 and alcohol, with a lot of ignorance and fear. In
18 other words, many people are ignorant about drugs
19 because we have not had a systematic drug education
20 program,
21 either in the American society or the individual. So
22 the housewife or mother, when she hears about marijuana
23 knows what the response should be, which is "sort of
24 a harmless drug"; we must know that, certainly, by now.
25 And, we have not had that, and so there is a lot of
26 fear that exists within the people's minds, I believe,
27 about the issue of drugs and the values of the sub-
28 culture related to drugs, politically, and sub-culture
29 revolutionaries, and so the right wing can really
30 begin to mobilize this fear.

And if the interests of people who
move in the right wing direction, the politico-economic

1 powers and the people who will support the terms
2 of the populace, if it is to their end to use the
3 drugs to mobilize that sort of thing, they will do
4 so.

5 That means to me that we could try
6 very hard to formulate a sort of rational drug
7 policy through hearings of this sort, but we are sort
8 of, like, not operating as equals, you might say. We
9 do not have the equal power of Trudeau. You have
10 Trudeau and the people whose interests -- the interests
11 he speaks for are threatened with things they should
12 use like the Emergency War Measures Act, which, if
13 you want to quibble about that, it could threaten
14 their power. So, I am wondering whether we could
15 really develop a rational drug policy out of ^{the} context
16 of our society, which is not really democratic.

17 This leads me to the suggestion, which
18 I think is another application of the democratic
19 society, which I do not believe we have in Canada,
20 which is that the individual, either through the
21 institution to which he himself has had a hand in
22 developing, like, education, should make sure that
23 the information, like about various drugs, is available
24 right there. But, what we are getting, and I can't
25 say that I am completely in / ^{disagreement} with it, but what
26 we do have is commissions appointed from on high, like
27 the present one who are appointed to go on to research
28 on the subject of drugs, and then, sort of, like, the
29 facts and findings are representative of the public.
30 And I would much rather a society of people, individuals

1 who are self-motivated and self-governed, and search
2 it out themselves rather than have the truth brought
3 to them from on high. Thank you.

4 --- (Applause)

5 THE CHAIRMAN: Thank you, Dr. Herren.

6 MR. CAMPBELL: When you called for a
7 change of social policy, you seemed, on the one hand
8 to be speaking of governmental policy on the ills
9 that exist in society. Nevertheless, the government
10 is presumably there as a result of an electoral
11 process and policies presented to^{the} people. How do
12 you propose these changes occur if people elect
13 the governments to maintain this policy?

14 DR. HERREN: I think there is some
15 evidence to show, for instance, that more and more
16 young people in particular, in other words, as you
17 go down in age, and more and more young people simply
18 refuse to put much stock or commitment in the existing
19 political-economic structure, and as a result, they
20 do not even vote, often. So, I am not sure that the
21 voting mechanism holds much weight among young people.
22 And the other thing that I would -- not only young
23 people but people who are in one way or another not,
24 sort of, fitting into society. Some people may refer
25 to the young, the poor and minority groups. Okay?
26 So, a lot of those people do not even vote, and they
27 do not have much stock in the existing structure. It
28 is very hard for them even to believe in it.

29 So, right now, I would suggest, that
30 a lot of people, exist, especially among -- well, not

1 even among the young, a lot of people throughout our
2 society have sort of reached a point of desperation
3 and it depends on a sort of play of political forces in
4 which direction that desperation operates. If, like,
5 left movements are able to mobilize people, and
6 revolutionary movements, then they get involved, and
7 overthrow an existing power, an existing government
8 power, by force, then, it may be more important to me to
9 get involved and more important we may have a really
10 revolutionary movement on this continent.

institutions that
11 People say at the /- they want to see --
12 which are more important with the conception or use
13 of values in a sort of life that a human being should
14 be living, rather than the sort of life that is sort
15 of imposed upon us from one system or another. In
16 other words, I don't think that we can claim that
17 because our present government is elected, that it
18 is necessarily elected on the basis of any real
19 discussion or debate about the major issues confronting
20 Canadian society, or American-Canadian society --
21 excuse me -- may I finish? But we know that the
22 actual powers that support the various political
23 parties tend to be the same group of powers with the
24 exception of some wings of the N.D.P., and quite
25 often, politics, that is, electoral politics in this
26 country is not so much based on actual confrontation,
27 on debate upon issues, but upon personalities and
28 such phenomena as Trudeaumania. So, like, we're very
29 far removed from democracy, I would suggest. All right?

30 THE CHAIRMAN: You spoke about school
experiences today, saying experiences were no longer

1 full, and you made reference to the Carnegie report --
2 do you think that conditions are different today
3 than they were for a previous generation? Or, in
4 what measure may there be a difference in the internal
5 individual response to similar conditions?

6 DR. HERREN: That's a very good question,
7 by the way. The way I would think about it is this:
8 The school systems haven't changed fundamentally
9 in their nature in the last forty or fifty years, but
10 the older generation of people who went through the
11 school system went through because -- well, for one
12 reason their family, the family structure, the sort
13 of economic and family structure of the family that
14 they existed in; sort of perpetuated the value of
15 obedience. And if obedience is a very strong value,
16 then it is much easier for the individual to go
17 through the existing school system than if, like,
18 independence and free behaviour is suggested.

19 And, I'm just guessing now, here. It
20 is very hard to make sense of these events, especially
21 in the question you raised with respect to historical
22 change. I would suggest that since World War II on
23 this continent we have experienced some very important
24 changes in terms of family life, and the changes in
25 family life are increasingly bringing about individuals
26 who refuse to submit to the sort of routine and
27 alienated labour that exists in the schools, and the
28 work force as a whole, incidentally. And some of those
29 changes have to do with affluence. Okay? There is
30 sort of a general spread of the notion that there is

1 plenty of -- there are plenty of things to go around
2 for everybody. This notion is spread not only by
3 the fact that people seem to have a lot of money to
4 spend downtown, but also by the images that come to
5 them through the mass media, but also that parents,
6 especially, incidentally -- and I think we have to
7 pay attention to this, because a lot of the use of
8 drugs other than alcohol is/middle class use -- but
9 many parents have begun, since World War II, to raise
10 their children in, like, a more democratic fashion.
11 In other words, there is evidence from socio-psycholo-
12 gical studies that parents nowadays tend to be more
13 affectionate around the home, more affectionate and
14 loving around the home than they used to be during
15 the 20's and 30's and perhaps, even the 40's. And,
16 like, if you come from a situation in the home where
17 there is some affection shown and some concern shown
18 about your wishes, besides the multitude of goods
19 which the family is able to demand because of its
20 income level, and then the individual is shunted into
21 a school system in which the/ is non-existent between
22 teacher, the authority that is, between teacher and
23 the students in the classroom, and this begins to
24 alienate the individual from the school system.

25 In other words, I am trying to suggest
26 here, Mr. Le Dain, that the school system hasn't
27 changed in its essentials, but what has changed is
28 the nature of the way we are raising children today,
29 such that they are beginning to recognize the school
30 system for what it really is. This is the training

1 ground for obedience, in my view. There is a lot of
2 sociological and even experiential evidence, to show
3 what the schools mainly impart into our personalities
4 is obedience.

5 So, that's the sort of thing I would
6 suggest has been going on. Some of the changes that
7 exist and have taken place in our society since
8 World War II, have to do with attitudes and different
9 techniques of raising children.

10 THE CHAIRMAN: In your statement --
11 do you feel that there should be more affection shown
12 this whole generation -- but, we have heard a lot of
13 this, in our public hearings, we have heard a lot of
14 testimony which tends to be in the contrary sense,
15 at least, insofar as certain of our young people are
16 concerned; certain types, certain young drug users.
17 In many cases there has been testimony as to a lack
18 of acceptance in this age, certain rejection, explicit
19 in some cases, -- "Go away and stay away", or -- explicit,
20 I should say, in that sense, or implied in the intention
21 relative intention, which parents give, of their
22 personal concern, relative and otherwise, which
23 they give to show the children.

24 So, I wouldn't like to generalize and
25 say that we have heard testimony / about a general absence
26 of affection because I think that would be distortion.
27 But, we have heard testimony about what sounded to us,
28 at least to me, about what sounded like lack of
29 affection in the case of young people who have drifted
30 into certain kinds of drug use, in particular, for

1 example, the use of speed. So, I find it -- you know,
2 I find it interesting that you have the impression
3 that it is all lack of affection in the schools and
4 not in the home.

5 DR. HERREN: I certainly don't want
6 to make that the only factor. I think that is one
7 factor, and I think that what you say is also true.
8 We would have to look at the family background of
9 the different people who have come forth to you and
10 have testified as experts about drugs, because the
11 issue has partly to do with the issue of attitudes
12 towards authority, see. And, if an individual is
13 raised in a fairly restrictive, non-affectionate
14 fashion, then his overall attitude is going to be
15 one of fear of authority. And he may fear, therefore,
16 as a result, to break any sort of the rules of the
17 society in the expectation of what parents or teachers
18 or police will do to him. But, that situation also
19 is relevant, you see. If you have strict domination
20 by authority over the individual, like, the individual
21 only does what he is told, so long as the authority
22 is around there to enforce his power over the
23 individual. Then that also gives rise, in any indivi-
24 dual, to the potential for rebellion.

25 But, I am suggesting, that in these
26 other sorts of homes, and that's not just my impression,
27 by the way, I gathered evidence on this for my
28 doctorate dissertation. There is a lot of evidence
29 having to do with child rearing techniques, that this
30 has been a major change in the sense, I would say, in

1 the last thirty years. And those individuals who
2 have been raised in a more affectionate context in
3 the home do not have this fear of authority. So there-
4 fore, they are willing to go ahead and smoke something
5 like marijuana without any particular fear of the
6 consequences. They may -- I talked to a number of
7 students who are not -- they were by no means the
8 majority -- but I talked to a number of students
9 in my classes who are quite open about the usage of
10 marijuana with their own parents, because they feel
11 that they can -- they have been raised, you might
12 say, with the idea that they can have their own views,
13 that they can challenge their parents' conceptions
14 about religion, politics, or important social issues
15 or minor social issues as whether or not they are
16 going to smoke marijuana.

17 So, I think that we would really have
18 to look, in any individual case which you have
19 heard testimony about, at what the social background
20 is. Is the use of marijuana in this case symptomatic
21 rebellion against authority, especially strict -- very
22 strict and harsh authority in the home, or is it
23 something that the individual does freely because
24 he feels accepted in the home context.

25 Of course, we could also argue that
26 one of the major forces with respect to the home
27 context for young people -- and this is what I tried
28 to make clear in my earlier statement -- was that the
29 major force, one of the major forces that may suggest
30 to individuals that marijuana is a good thing, is the

1 fact that the school experience is one that's universal.
2 In other words, an individual can come from a different
3 sort of home environment, but the school situation is
4 universally authoritarian for most students. And that
5 may be the thing that they are really rebelling against,
6 the authoritarian nature of the schools.

7 MR. STEIN: We have heard a great deal
8 about the concept of new values that are being mani-
9 fested by our young people, and, the terms of "rebellion",
10 "revolution"; often used by them. I would be interested
11 in whether or not you have any perception on the
12 following context. You may or may not be familiar
13 with Camus' distinction between rebellion and revolution.
14 Just very briefly, he talks about the fact that
15 historically, almost all new movements begin with a
16 reaction against the existing status quo, but because
17 of the deepened sense of, almost, a combination of
18 justice and self-righteousness, that most of these
19 new movements that start with a sense of reaction to
20 the status quo, inevitably fall into the trap of
21 affirming the same kind of intolerant value system.

22 In other words, they are incapable,
23 individuals reacting to the status quo are incapable
24 of providing any kind of recognition to what has gone
25 before, namely, the historical process. They are
26 imbued with a sense of self-righteous certainty that
27 they have discovered for the first time in history
28 the indecency of man's treatment of man.

29 Now, here is my question, before I make
30 a speech about Camus any longer. Do you really feel

1 that there is any indication in Canada or here in
2 Saskatchewan where you are, that a greater majority,
3 or a great number of young people are developing a
4 capacity to tolerate points of view different from
5 their own, which, I think, you can call a "rebellious
6 nature". Or is this developing -- where they say,
7 "What's wrong with present society." Simply another
8 stage of history where today's generation is rejecting
9 what went before, but has no awareness of the fact that
10 they have ruled out any kind of validity to anyone
11 else's point of view ?

12 DR. HERREN: I don't know of any studies
13 which have been done on that, or, I don't have any
14 actual evidence. All I can ---

15 MR. STEIN: Your feeling about it.

16 DR. HERREN: Yes, I can give you my
17 impression of that. My impression is that the question
18 of tolerance of other people's viewpoints, this has to
19 do very much with the origin of your own viewpoint.
20 Unless -- and, that is, if the viewpoint which you hold
21 is one which has been forced upon you by powerful
22 authority, then you are apt to resent people with
23 different viewpoints. However, if the point of view
24 is one which you have developed, which may be developed
25 accidentally, or may be part of -- we don't know the
26 real sources of it, I don't believe; sort of the
27 attitudes or values which are part of the new, political,
28 revolutionary movements on this continent -- like, my
29 experience has been that the people who have those
30 new views, those new moralities, those new conceptions,

1 those new ideas about what life could be like; my
2 impression is that they do not really resent the view-
3 point of those they disagree with. But, you see, the
4 people that they disagree with, that is, who they
5 sometimes call the "straights" -- they/ I think, often
6 do resent the attitudes and values of the other people.
7 In other words, if you can talk about; if there is
8 such a phenomenon as the "generation gap", I think it's
9 fair to say that a lot of older people do resent young
10 people. If there is one little, tiny, mini bit of
11 evidence for that, Arthur Miller, the playwright, who
12 was at the Democratic National Convention in 1968 --
13 he was on the floor of the convention room, like this,
14 and he said, "You know my predominant feeling about
15 these people" -- and, don't forget they were the sort
16 of stolid and staid party people, of the Democratic
17 Party -- he said, "My feeling is that these people,
18 these older people, have a genuine resentment of youth."

19 DR. LEHMANN: And you would not say
20 that the younger generation has resentment against
21 the older generation? We have often been struck by
22 the intolerance of the younger generation to the older
23 generation. They are the ones who speak about the
24 generation gap, and that there is no communication.

25 DR. HERREN: I can't speak for the
26 others. I don't believe that my own activity is
27 intolerant of the older generation. I am intolerant
28 of the intolerant in our society. And that, unfortun-
29 ately, sort of relates to the older generation too.
30 In other words, most of us are "niggers", you know, most

1 of us don't wield much power in our society.

2 DR. LEHMANN: Without changing the subject
3 too much, can we go back to something you said earlier,
4 that school, in your opinion, is simply some sort of an
5 institution to train people for obedience. Now, would
6 you say that obedience, or some sort of discipline
7 is a desirable or necessary trait or quality of person-
8 ality?

9 DR. HERREN: That is very difficult. I
10 hate to say "yes" for the simple reason that one of the
11 basic weapons in the armamentarium of Fascist movements
12 is the notion of discipline, and so I would hate to say
13 "yes" to that. I would say there is some room for that
14 notion in the individual personality, but I would want
15 to specify very clearly the condition under which this
16 is important, and naturally, I am talking about the
17 condition of self-discipline, not discipline enforced
18 from above.

19 People often speak that our schools teach
20 us self-discipline, but it is not as if the requirements
21 and expectations and rules which must be followed in the
22 school system are laid on from above. They are not
23 determined by the individuals working themselves in
24 classrooms, trying to determine what they want to learn
25 and how they want to learn it. That sort of discipline,
26 in other words, would be one in which I could find some
27 value, but not one which is imposed.

28 DR. LEHMANN: I suppose, ideally, this
29 should be taught at home, self-discipline?

30 DR. HERREN: Self-discipline.

1 DR. LEHMANN: Or, would you just say that
2 the school would have to be ---

3 DR. HERREN: Let me suggest that self-
4 discipline cannot be taught. The least we can do is to
5 provide an environment for its learning.

6 DR. LEHMANN: That expresses it better.
7 Where would this environment be?

8 DR. HERREN: Ideally, such an environment
9 would be, in my view, in either home or family situations
10 or school situations where an existence of equality,
11 the existence of equality, is found. Equal relationships
12 where no one person has power over all the rest.

13 DR. LEHMANN: But more competence and
14 more experience, /not more power, necessarily?

15 DR. HERREN: Not more power, necessarily.
16 But, let us just speculate. Who knows what shape the
17 schools will take. But, if there are individuals who
18 are supposedly competent in various fields of expertise,
19 in the classroom,
20 and the students/ regardless of the level; kindergarten,
21 fourth, fifth year, decide that that is what they need
22 to know to survive and to live a better life, then they
23 should be able to go to that individual and take from
24 what he has to offer. He should be a teacher in that
25 situation, to be a resource person, rather than one who
26 proclaims the truth. The truth, with respect to human
27 society, changes almost by the decade.

28 DR. LEHMANN: What about decision making,
29 in situations where the decision might have considerable
30 impact on the future conduct of a group?

DR. HERREN: Well, if we ourselves are

1 committed to the democratic society, or democratic
2 social structure, then decision making should be parti-
3 cipated in by all who are affected by the decision.

4 DR. LEHMANN: Regardless of the level of
5 competence and experience?

6 DR. HERREN: Regardless of the level of
7 competence or experience? What I am trying to say is
8 that the nature of the democratic society is that we
9 all have equal competences in those issues which affect
10 our lives. That is what I am trying to say about
11 inquiries.

12 DR. LEHMANN: Well, if we go to a fire,
13 we might not all be able to do what we can do. We would
14 leave it to the firemen.

15 DR. HERREN: I do not know, I would argue--
16 there were situations in the past where there were fires
17 in town and everybody in the town participated in putting
18 out the fire. Nowadays we have developed a bureaucratic
19 system which is supposed to handle our problems, but
20 what that really does, overall, in my view anyhow, is
21 that it tends to make the individual in such a society
22 a rather passive acceptor of events. I do not believe
23 that passivity and democracy go together. Democracy is
24 a system in which people are active in determining their
25 own things.

26 What I am trying to say, gentlemen and
27 lady, is that you might be doing^{very} good work; I like your
28 interim report very much, I thought it had some very
29 fine suggestions and so on. But what I am saying is
30 that there is still an element of authority in there.

1 Like, this group of authority is yourselves, who are
2 on the basis of your research and so on, going to
3 legislate -- you will not legislate, but, at least,
4 suggest a policy for legislation of Canada, and I would
5 rather see a society where people get together themselves
6 and determine what sort of policy they want. I am an
7 advocate of grass roots democracy, rather than benevolent
8 democracy.

9 MR. STEIN: What do you personally do,
10 if you wouldn't mind saying so? In relation to that
11 belief, do you actively pursue -- what does that mean
12 for you? You are an active believer in grass roots
13 democracy -- what is the form of that?

14 DR. HERREN: I teach at the university
15 here. I teach Social Psychology classes, and I try,
16 within the limits of my power, not very much, incidental-
17 ly, to make my classroom as democratic as possible.
18 All I really mean by that -- because I am very clear
19 on this issue, I think -- all I mean by that is that
20 I try to encourage discussion, disagreement, dissent,
21 and sharing of views in my classroom. I try for one
22 practical thing, by the way, which is to have people
23 face one another.

24 You see, when you have a situation like
25 this, where everybody is facing in one direction, that
26 is automatically authoritarian, because the authorities
27 are up there, and the followers are back there. So,
28 one little thing, a part of democracy is that people
29 face each other rather than all looking in the direction
30 of the authority or the leader. So, I try to encourage

1 as much discussion, because my technique of teaching
2 is veering towards this sort of technique, and I try to
3 encourage as much sharing as possible, so that the
4 people know -- this is especially an important political
5 task -- that the individuals know what are their
6 feelings. Many individuals in our society have
7 frustrations and they experience failure, but they
8 just think, "Well, that is my fault. I am a failure."
9 But, when you begin to talk to people and find out that
10 other people share the same faults and disgruntlements,
11 then we try to encourage that, that we break out of
12 our shells, so to say.

13 But, I claim that my classroom is
14 democratic for a very simple reason, and that is that
15 the power which I wield in my classroom is not invested
16 in me as a person, but invested in the position. In
17 other words, I am an Assistant Professor and no matter
18 what the students do in the classroom I have more
19 power over anything else they decide to do, because
20 the power is lodged in the position, which is the role --
21 it is located in the bureaucratic hierarchy. So, I
22 have more power automatically, irrespective of who I am,
23 so that the person that I am, subjectively, in that
24 position, in that role, there will be leeway because
25 that is automatically invested in the nature of the
26 bureaucratic hierarchy that we exist in. So, I can
27 attest to that in my own little way, in my classrooms,
28 and I am pretty happy with the results, frankly.

29 MR. CAMPBELL: Without making an appeal
30 for this group, I have not been impressed with your

1 group of followers.

2 DR. HERREN: You have not been impressed?

3 THE CHAIRMAN: There is a group of
4 followers?

5 MR. CAMPBELL: I have not seen them
6 rushing in today.

7 DR. HERREN: What is your position?

8 THE CHAIRMAN: I think the distinction
9 should be made between the exchange -- the discussion
10 of ideas, of sharing, what we generally call education,
11 understanding, insight, and the kind of administrative
12 arrangement, what you might call administrative res-
13 ponsibility, there are certain basic issues. For
14 example, there is responsibility of certain people in
15 the school for safety, to see that the school is
16 property heated, that there is proper understanding
17 of fire drill regulation, basic matters that must
18 be accounted for publicly to parents in any failure,
19 and once in a while you see a tragic occurrence when
20 that responsibility is not discharged, like in France
21 when they had that dance, and a terrible thing happened
22 there.

23 Don't you think that a distinction should
24 be made? Speaking of the democratic process, the capacity
25 of children to, let us say, participate in that decision,
26 to discharge that responsibility, one should certainly be
27 aware of their feelings. And the fact that some of
28 these administrative feelings, is there not a distinc-
29 tion between that and the other thing which you are
30 talking about, which is the process of learning, which

1 does need, maybe, an authoritative assumption of
2 responsibility at all.

3 I am not sure, you see, how much impact,
4 this emphasis on obedience that you see in the school
5 system, I am not sure how much it has to do with just
6 that basic discharge of the essential administrative
7 responsibilities which any director has, of an insti-
8 tution, and how much it is a matter of the educational
9 process as conducted.

10 DR. HERREN: I would suggest that, of our
11 school system's do's, I think they do tend to cultivate
12 obedience. I think what that means is that the
13 individual is afraid to challenge the existing authority,
14 whether the authority lies in the political structure
15 or administrative structure of a political structure,
16 or a bureaucratic hierarchy. What I would suggest is
17 that in terms of a democracy, that people be educated
18 to a notion that is completely all right. As a matter
19 of fact, it is our obligation to challenge authority,
20 and it seems to be a matter of wielding power for our
21 own, or our interest's sakes. And so, with respect
22 to administration, which is a sort of touchy issue,
23 I think my duty would be to suggest that administration
24 of a university or an institution should be there to
25 serve the interests, to smooth the way to the people
26 who are operating in the administration. But I think
27 that today they do not serve these interests; they
28 serve other interests, the decision makers, the top of
29 the administrative bureaucratic structure. So, if there
30 was a way, if they were challenged as to grievances --

1 you know, it is funny, but I notice as I talk here,
2 I sort of keep referring back to the language -- words
3 that should be part of our basic vocabulary in democ-
4 racy, and people have grievances about anything they
5 are in, whether it is their neighbourhood or their
6 work place, or their school. Supposedly there are
7 administrative arrangements; the institution should be
8 responsible for those grievances. We know, as a matter
9 of fact, that it is not. I can't even get that street --
10 I pay property tax -- and I cannot get that street swept.
11 The administration is not responsible to me. I call
12 three times but they still don't come out.

13 So, democracy would be, to me, not only
14 education for democracy, not the absence of fear of
15 authority, but the administrative structures, and since
16 they already exist, they should be accountable to the
17 people over whom they wield their power. I would like
18 to suggest that many of our administrative structures
19 are not accountable to the people whom they are supposed
20 to serve. They are accountable to other interests.

21 I think if you look at the whole history
22 of city administration in the United States and Canada,
23 quite often the city administrations/^{serve}the interests of
24 the land speculators, rather than the people who live
25 and work in the city. That is just one example. In
26 other words, whose interests do they serve, the wealthy
27 and the land speculators, or the people who live and
28 work in that city? If we had cities whose administra-
29 tion was responsible, we would not have such ugly
30 cities, by definition. In Regina, let me tell you, if

1 you have not been around, it is a rather ugly city.

2 THE CHAIRMAN: Mr. Potoroka?

3 MR. POTOROKA: Mr. Chairman, may I have
4 the privilege of asking three or four questions?

5 It is rather strange, I
6 walked from the hotel this morning, to this place here,
7 and I thought yours was a very beautiful city.

8 --- (Applause)

9 I found, for instance, that birds flew
10 overhead from your natural park sanctuary which is
11 right here.

12 David
13 DR. HERREN: Do you know what/Hume said,
14 de gustibus non est disputandum . On matters of taste
15 there is no disputing.

16 MR. POTOROKA: Then, you see, where we
17 are, the grass roots is a matter of taste.

18 I would like to ask you, on what basis do
19 decade?
20 you suggest that truth changes by the/What truth are
21 you talking about, that changes?

22 DR. HERREN: Well, that is a tough one.

23 MR. POTOROKA: Well, would you like to
24 reconsider that. I will give you the opportunity to
25 reconsider it and change that.

26 DR. HERREN: Well, maybe it was a
27 quick statement. I think it partially has to do with
28 some of the ideological notions of our educational
29 system, but we tend to treat events as static. And,
30 what I want to suggest is that the basic nature or
condition of human society, from the past all the way
up to the present, and the great majority of society
has changed, not staticness.

1 MR. POTOROKA: Well, you are saying what
2 you see, but not necessarily the human society that I
3 see.

4 DR. HERREN: It could be. I think it
5 would mitigate, partially, against my views of a certain
6 awareness, that there are certain eternal -- I don't
7 know if I like that word -- certain eternal truths like
8 the desire for liberation which manifests itself
9 in our society. But, what I want to say is that the
10 shape and form of the liberatory form of society
11 changes according to the historical/constructive circumstances.

12 In other words, I'm willing to admit that there may be
13 some/eternal truths, and I think they have to do with a
14 person's essential desire for freedom, and I think that
15 is a truth that would
16 apply to all human beings at all times. But, the shape
17 that that freedom takes, differs from one society, from
18 one time to another, and from one society, because
19 of the conflicts that exist, and then eventually
20 overturn themselves, and there is such a phenomenon
21 as revolution.

22 MR. POTOROKA: I happen to believe in
23 a gentleman who, many long years ago, said, "Ye shall
24 know the truth and the truth shall make you free",
25 rather than the use of that freedom causing you to know
26 the truth.

27 --- (Applause)

28 So, you know, you and I are coming to
29 ends.

30 DR. HERREN: There is another truth
which says, "What you don't know won't hurt you".

1 MR. POTOROKA: You really don't believe
2 it though?

3 DR. HERREN. No, I don't.

4 MR. POTOROKA: No, it isn't much good.
5 It isn't much of a truth. But, look, I face an awful
6 challenge when I get home. My wife is a dedicated
7 school teacher at the elementary level, and now, poor
8 girl, school counsellor at the junior high level. She
9 went back for two years of study at the university at
10 the age of twenty-nine plus, you see. And she won't
11 like your remark that schools are grim, joyless, and
12 so on because -- when were you in a classroom last?

13 DR. HERREN: I'm in a classroom now.

14 MR. POTOROKA: No, I mean kids, grade
15 one, two, three, four, five, six, seven, eight, nine;
16 last?

17 DR. HERREN: Well, I guess I -- but I'm
18 not sure that that is any evidence against ---

19 MR. POTOROKA: I think it is.

20 DR. HERREN: Could I just give you some
21 experiences, by the way?

22 MR. POTOROKA: I think you would be on
23 far stronger ground, if, having quoted this, you said --
24 and this, by the way, just happens to coincide with
25 my observations which have taken place in one hundred
26 and seventy classrooms in the last five years in Regina
27 and district, you see.

28 DR. HERREN: Well, maybe I could ask
29 some of the young people here whether the description
30 of our educational system as grim, joyless, doesn't

1 coincide with some of their descriptions.

2 MR. POTOROKA: Well, if they are a
3 sufficient sample, you see, I will agree; but it's
4 whether they are a sufficient sample.

5 THE PUBLIC: (Inaudible)

6 MR. POTOROKA: I don't deny that, but
7 I'm saying, for one of you, there were four others
8 who found it joyful. That's all that's there. I'm
9 just suggesting that at grades one, two, three, four--
10 up to grade nine.

11 DR. HERREN: High schools are different.

12 MR. POTOROKA: I'm more sure of my
13 ground there.

14 DR. HERREN: In other words, just before
15 the individual supposedly becomes adult in our society,
16 that isn't joyous.

17 MR. POTOROKA: But, then, you see, they
18 begin to fear this, like you, and then they begin to
19 feel that what you are telling them about that is
20 really truth. This bother me, really. I mean, when
21 critics -- and I may be as guilty as you are, but when
22 critics present their critique of society, they have
23 to accept the responsibility that that critique may
24 be unequally accepted by people, and may sow ideas in
25 younger minds who have not the capacity to deal with
26 and they don't.
that./ It just provides them with a neat alibi, you see.

27 DR. HERREN: I would like to suggest to
28 you that all of the societies in the world wouldn't
29 make sense if they didn't coincide with their
30 experiences, in some sense. In other words, it has to

1 be conceived in the experience before it will be --
2 you just don't go in and lay heavy criticism without
3 the individual somehow saying, "Yes, that makes sense
4 in my own experience".

5 MR. POTOROKA: I'll agree with you,
6 except that it may make sense upon another basis of
7 reality than you think the basis of reality it was
8 in the first instance, intended to make sense. You
9 know, we, the human animal, as I observe them in my-
10 self, ^{tend} to latch on to an alibi that will shake my faith.

11 DR. HERREN: Yes.

12 MR. POTOROKA: So, a social scientist
13 will come along and give me an alibi; I would like to
14 grab on to it. But, that doesn't prove that he really
15 gave me an alibi that would change me.

16 DR. HERREN: I suggest to you that
17 if the experience of schools were one of joy and
18 ecstasy and human warmth, that anything I had to say,
19 or the foundation at all, would be simply ignored
20 completely by the people in the school system. Don't
21 you see, this is exactly what the other gentleman here
22 from Yorkton was saying about our lives in respect to
23 drugs, that we can have laws against marijuana, but
24 if the individual knows from his own experience that
25 marijuana provides an enjoyable experience, well, then
26 he has to wonder, "Why in the heck is the law there?"
27 In other words, they don't quote authority, because
28 authority contradicts their experience. Don't you
29 see? It's so obvious.

30 MR. POTOROKA: But, I am saying that

1 there is a feeling otherwise, and somehow we had better
2 bring this together, you see.

3 DR. HERREN: I would like to, I would
4 like to, but I am wondering what sort of forces exist,
5 political forces in our society exist, who benefit
6 by keeping each of us, all of us at each other's
7 throats. You have heard of the old tactic, "Divide
8 and rule".

9 MR. POTOROKA: I don't think one has to
10 evoke any kind of system of political forces, really,
11 that's certain. I mean, it's very convenient, and it's
12 very learned to trot out this type of thing. Maybe one
13 doesn't have to at certain stages. You know, with
14 groups of children. I mean, okay, they may get along
15 or they don't. Why go to the fact that somewhere in
16 the background are tremendous political forces and
17 they are pulling strings which are affecting these
18 uninhibited, or whatever it is, youngster, you see.

19 DR. HERREN: I don't claim that that's---

20 MR. POTOROKA: Well, what of it.
21 And this is -- I'm sorry, Mr. Chairman.

22 THE CHAIRMAN: No, it's all right.

23 MR. POTOROKA: But, it has to do with
24 democracy, you see, and, perhaps, I believe in all
25 this as much as you. And I think you believe in it
26 tremendously, so I believe in it a great deal. But,
27 what if the grass roots don't choose to take the
28 interest and to perform? Thereby ---

29 DR. HERREN: What if the grass roots
30 don't choose to take an interest in democracy?

1 MR. POTOROKA: Enough of it.

2 DR. HERREN: That, to me, is a sort of,
3 like, an abstract question, because we wouldn't have to
4 ask the question, "What caused them to not take an
5 interest?" In other words, you just can't start with
6 some sort of existing fact which is the fact a lot of
7 people -- could I finish please? It's clear that many
8 Canadians don't take democracy seriously or we would
9 have had a lot of revolt in the streets against the
10 recent Emergency War Measures Act. It's a clear
11 application of democratic process.

12 THE PUBLIC: I think there were 201
13 members absent from the House when the vote took place.

14 DR. HERREN: What I am trying to say
15 is -- you may factually speaking be correct. The
16 majority, right at this moment, in Canada, is not for
17 democracy in this sense, but we certainly have to ask
18 "What? What sort of forces in society as a whole, in
19 terms of socializing agencies, like the school, like
20 the family, like the mass media, which makes their
21 attitude towards politics one of passivity rather than
22 activity. You can't simply blame it on the people,
23 that's far too easy. You have to look at the forces
24 which make people not interested in politics.

25 MR. POTOROKA: But, even looking at the
26 forces and believing what they are, doesn't alter the
27 fact that they are what they are at the moment. And
28 this is the people of the democracy that we have to
29 deal with, you see.

30 DR. HERREN: But, you seem to be

1 suggesting that I should capitulate to the fad, and
2 I say, in effect to the fad, I object to it because it
3 invokes a passive population.

4 MR. POTOROKA: No, I suggest you don't.
5 But be patient and realize that it's going to take time
6 to realize a change, It took years.---

7 DR. HERREN: Sir, they told the black
8 men in America to wait and be patient, and it's been ---

9 MR. POTOROKA: But, surely Canadians
10 aren't weighed down by the same unhappy heritage that
11 the coloured man in the U.S. is.

12 DR. HERREN: Well, can I suggest you
13 wait about ten or fifteen years and see what the
14 situation is?

15 MR. POTOROKA: Well, with your help and
16 my help, and the Commission's, we will probably do a
17 little better.

18 Thanks, Mr. Chairman.

19 DR. HERREN: Yes, perhaps. May I?

20 THE CHAIRMAN: Yes. Thank you, Dr. Herren.

21 I call on Dr. Anne Gustin.

22 Lady at the microphone? Yes, would you
23 like to be seated at the table, please?

24 DR. GUSTIN: I'm afraid I can't take on
25 anything quite as exciting as all of society. But what
26 I would like to talk to you about is some of the things
27 that I have seen; about a group of young people and
28 older people using particularly marijuana to deal with
29 one of the problems that is fantastically central to
30 us -- and that is anxiety.

1 I should tell you, I am a doctor of
2 Clinical Psychology and Director of Counselling at
3 the university, and I see a number of students, and
4 faculty and staff, and also some people from the
5 community in our clinic. And what I am wanting to
6 share with you is really clinical observations that
7 should be checked on periodically, but there are some
8 interesting parallels going on that, I think, deserve
9 a little notice.

10 Dr. Herren was talking about the struggle
11 for freedom, the struggle to grow in self, the struggle
12 to be liberated within one's own body. And I think
13 you can see this from a number of different directions;
14 the fantastic interest in the last five years in
15 encounter groups, tea groups, expression kinds of
16 therapy, experiences where an individual can get in
17 touch with himself, with his own feelings. You see it
18 also where there is a malitia movement. A woman has
19 a right to control her own body, to have the say over
20 what goes on in that body. And, you see it in all the
21 political movements too.

22 And, all these things, I think, come
23 together when you look at how some individuals are
24 using marijuana as if the question of marijuana were
25 no longer a question. That is, they are not trying
26 it now because of peer group pressure; because they
27 need to do somethong on Saturday night. There are
28 a number of people who are using it, who are exploring
29 it, who are pushing it and who are using it very
30 effectively in therapeutic ways, that parallel directly

1 the therapeutic techniques in development in the last
2 fifteen or twenty years. I am talking particularly
3 with a specific reference to a kind of de-sensiti-
4 zation which teaches the individual to relax within
5 his own body, and to substitute for the anxiety. We
6 know now that anxiety is a lured response. There is
7 also general evidence, and you suggest this in your
8 interim report, that marijuana, when an individual
9 gets better than any kind (inaudible) to avoid worry,
10 he may
11 develop a reverse tolerance and he needs less marijuana
12 to achieve the same feeling of relaxation. It produces
13 euphoria and confidence.

13 I think what is going on is that there
14 are a number of people who are beginning to use marijuana
15 in an effective and therapeutic fashion. That is, they
16 are teaching themselves how to relax, how their body
17 feels, how to control their own body. We know that the
18 feeling of anxiety is partly based on physical responses
19 and if the body is physically relaxed, it is very
20 difficult to feel up-tight.

21 Now, the tranquillizing drugs, I don't
22 think they are as effective here, because you don't do
23 the tranquillizing drugs yourself. The drug does
24 something to you, it puts a wall between you and your
25 anxiety. But, when you can learn to control your own
26 anxiety, to control your own body, without the inter-
27 vention of some other drug, then you are well on your
28 way to achieving a kind of personal freedom that we
29 have been talking about, and that is so important.

30 And people I have seen using marijuana

1 in this way, use it as a tool of learning, that is,
2 they learn where they want to go with relaxation, and
3 they get themselves high, and they feel relaxed, and
4 sometimes they use this relaxed state to produce a fantasy,
5 to
6 /do something that they have to do which makes them
7 nervous, and we know people who can use fantasy
8 constructively are effective people. Sometimes they
9 use marijuana simply to decrease the tension and take
10 the pressure off.

11 I do a lot of therapeutic work with
12 people where I teach them to relax. I have noticed
13 that people who smoke marijuana are easier to teach to
14 relax. They have more idea of where they want to go.
15 And I have also noticed that people who have been
16 chronically tense and anxious for a great deal of their
17 lives, don't seem to get high. That is, they will tell
18 me that they have tried marijuana and they haven't
19 experienced any effect from this.

20 MR. STEIN: Could I ask you a question?

21 I would be interested in knowing what
22 kind of basis of observation you have on the general
23 statement that you made about the effects of the use
24 of marijuana. Is this based on what they have told
25 you about the way marijuana is used by them, or what
26 is the basis of that kind of generalized observation?

27 DR. GUSTIN: It is not a generalized
28 observation. It is simply a clinical observation.
29 We are talking now about which particular statement?

30 MR. STEIN: When you said that marijuana
teaches people how to relax and they are better able to

1 control their body, and you cited tranquillizers as
2 a drug which apparently was not controlled as easily.
3 I am interested in what the basis of that kind of
4 statement is. What you have been told by users of
5 marijuana, about the way that ---

6 DR. GUSTIN: No. Perhaps I should fill
7 you in a little bit. This is partly on that basis,
8 but also on the basis of doing the kind of therapy
9 which involves relaxing a person with a verbal
10 presentation, and it sounds very much like the person's
11 induction. In other words, you get a person into a
12 comfortable position and then you tell him to relax,
13 but it is not as easy as that. You then go down through
14 the muscle groups of the body, look for the images,
15 train him his own relaxation responses. Some people
16 started to freak, some people started to hit, but
17 all of this relaxation induction is prevalent to the
18 kind of therapy where once you have the individual
19 relaxed, and he has learned to relax and he has
20 practised this at home, you then present him with
21 things that would ordinarily make him anxious, so
22 anxious sometimes that he is unable to function
23 completely. In fantasy, he relives those situations
24 while his body says to relax.

25 I have no hard data measures that I
26 could quote as to relaxation, but I have adduced that
27 it takes longer to teach someone to relax if he has
28 had no experience with marijuana. Those people who
29 have had the experience can usually achieve a deep
30 muscle relaxation quite quickly. They know where they

1 want to go, they know how it feels to be really deeply,
2 totally relaxed, which is not a condition that all of
3 us experience every day.

4 THE CHAIRMAN: But, I understood you
5 to say that people who have a lot of history of
6 tension, do not get high on marijuana.

7 DR. GUSTIN: This is only an observation.

8 THE CHAIRMAN: Well, is that an observa-
9 tion, that you do not have the capacity to relax unless
10 you are on marijuana?

11 DR. GUSTIN: No -- with marijuana?

12 THE CHAIRMAN: Perhaps it my fault,
13 you
14 but / seem to have implied two statements there that
15 I cannot reconcile. One is that marijuana seems to
16 make it easier to teach people to relax, and in your
17 second statement, which I cannot reconcile, is that
18 people who have a great deal of tension and inability
19 to relax, cannot get high on marijuana. In other
20 words, marijuana does not really affect the capacity.

21 DR. GUSTIN: Yes, I see what you are
22 saying. It is, perhaps, a clear anxiety of there
23 being a response. It is a kind of response that is
24 experienced through degrees of tension. When I talk
25 about people who have had marijuana experience, they
26 find it easier to learn to relax, than people who
27 haven't. I am keeping these people separate from the
28 very few individuals that I have seen clinically who
29 have a long term history of chronic bodily tension,
30 who are both very difficult to teach to relax and
also on trying marijuana, have not experienced the

1 feeling of "high".

2 DR. LEHMANN: In this group, have you
3 any control of people who have had phenobarb or
4 letrobarbate, or librium, and so on and so forth, and
5 learned to relax with it. Is it more difficult for
6 them to learn to relax without any drugs, than for
7 those who have had cannabis before?

8 DR. GUSTIN: My impression is that the
9 standard tranquillizing drugs don't teach a person
10 anything. They simply happen.

11 DR. LEHMANN: Your impression. Have you
12 had any observations, experimentally?

13 DR. GUSTIN: I have not had experimental
14 observations, but I have worked in group therapy with
15 valium and so forth, and I have not noticed ---

16 DR. LEHMANN: It is understandable that
17 they would say that they liked marijuana better, and
18 therefore, they would, of course, expect you to say,
19 "No, the pills will not give you the same". But, you
20 have no controlled observations? This is a clinical
21 impression you have?

22 DR. GUSTIN: Yes, right. This is simply
23 an impression and I think it is worthwhile looking at,
24 because if we can teach people how to manage their own
25 emotions, how to control their own bodies, so that
26 feelings like pregnancy is no longer something that
27 happens to you, that it is something that you have
28 control over, then, whoever the physician, we are able
29 to help the people more fully actualize and be more
30 warm human beings.

1 My feeling is biased because I see
2 these people when they are in trouble, not when they
3 are happy, well-educated people. But, tension and
4 anxiety are certain endemic problems, and the tran-
5 quillizers and -- the interest in the de-sensitization,
6 all this suggests to me that it is a very important
7 problem. If we could teach people to deal with it
8 effectively, then we are doing something worthwhile.
9 I would very much like to see someone get involved in
10 the research study where you are using marijuana, not
11 as a treatment, but as a teaching device.

12 DR. LEHMANN: Why just marijuana?
13 Why not any other drug? You are only referring to the
14 tranquilizing effect. You have, so far, not stated
15 that, in your opinion, there is some unique effect
16 which facilitates learning of relaxation.

17 DR. GUSTIN: I do not think that is true.
18 I am not talking about marijuana as a tranquilizer.
19 It is a pretty rotten tranquilizer when you come right
20 down to it, because I have noticed that it has a very
21 self-limiting effect. With an individual struggling
22 with a great deal of problems that rise up out of his
23 history, he becomes more tense, his tensions are getting
24 him down, and you might say his "bogey men" are coming
25 around, and he finds the marijuana experience pleasur-
26 able and he uses it because he gets anxious and upset
27 and depressed. It is an unpleasant experience. In
28 other words, marijuana, as nearly as I can figure out,
29 does not impose some kind of good feeling on you unless
30 you have something good to give to it, and when you have

1 a lot of bad things and so on, it will sort of turn to
2 those. I have seen people in therapy who are pretty
3 consistent users of marijuana and hashish, who get to
4 a certain point where they struggle with their own
5 problems and no longer use the drug because they find
6 that it does not make for a pleasant experience. This,
7 I think, is one of the ways in which it is very
8 different from the standard tranquillizing drugs.

9 DR. LEHMANN: Well, you are speaking of
10 the euphoria aspect. Before, you just referred to the
11 facilitation of learning to relax. Now, it is the
12 implication that you have the euphoria attached to the
13 relaxation in order to learn easier.

14 DR. GUSTIN: No, I don't think so. As
15 a matter of fact, I think this is one of the problems,
16 people keep kidding themselves that if you want to
17 relax you have to have euphoria. You don't. There
18 will be bad times and you have to teach them about those
19 bad times, and no drug should be able to just cut all
20 that out for you. When I am working with people, and
21 I have them deeply relaxed, I put them into fantasy
22 situations that are unpleasant, in order that they can
23 sort of deal with these rather than flee in terror from
24 anything that is uncomfortable to them.

25 THE CHAIRMAN: Thank you, Doctor.

26 Are there any other views?

27 Would you go to the microphone, please?

28 THE PUBLIC: I would say that probably
29 the basic reason for people experimenting with anything,
30 not just drugs, but with experiences, is because they

1 need experience. So, that facilitates the fact that
2 they are not getting the experience in their life.
3 So, if we, generally, young people, or people in high
4 schools who -- I will go along with the other fellow
5 who said that -- people are not getting the experience
6 out of school. And I would say, first of all, that if
7 you want to cure the problem of drugs, or whatever it
8 is, first of all you have to start all afresh, because
9 we are already ruined, and so are all the other people
10 who are in schools. They have already been sufficiently
11 ruined.

12 School, by definition, the education,
13 is not people going and learning something from the
14 human reason standpoint. They are anxious to learn
15 something. They are going there with the feeling of
16 the future. We have been taught to think of the future
17 and live for tomorrow and live for when we have a
18 family and can create everything that is necessary for
19 living later. So, in other words, the only way you
20 get it back to where people are living experiences now,
21 like I said, we cannot do it. We can try to attempt
22 to do it, but we cannot do it, already. We are useless.
23 But, we could cure the problem, perhaps, if ^{we} legislated
24 to find an island and then ship out every child that
25 is born. As soon as it was born ship it out to the
26 island. Then they wouldn't need drugs to find experience.
27 The experience of trying to live on that island without
28 us trying to tell them how, would be enough experience
29 to keep them going.

30 But, I don't know if you will ever find

1 any realistic ways of dealing with the drug problem
2 the way it is now.

3 THE CHAIRMAN: You know, as I listen
4 to you talk, I wonder that, undoubtedly, there must be
5 something wrong with the educational system. In Toronto,
6 it also has all its imperfection. And I ask myself,
7 are you complaining about -- is it basically a question
8 of tolerance for a certain amount of tedium, maybe,
9 or a certain amount of inconvenience. For instance,
10 the contemplation of future, is this a drag, is this
11 an unacceptable burden that once you contemplate that
12 you have some sort of problem in the future, you con-
13 template the kind of preparation that you might need,
14 to develop the sense of direction and planning. Is
15 this regarded as an acceptable burden?

16 I want to talk about discipline, now ---

17 THE PUBLIC: The only people who would
18 consider a view of their future as being detrimental
19 to their growth are the people who are just revolting
20 against the fact that their parents have told them that
21 they need a future, they need to plan for the future.
22 The plan for the future is the normal functioning thing
23 of the human, and the children, as they grew up on the
24 island by themselves, without being told by us to plan
25 for the future, would find that normally they would plan
26 for the future.

27 What I am saying, is that they wouldn't,
28 like we do, put more emphasis on their future than on
29 the present. So, what I was suggesting was, perhaps,
30 a realistic approach to making people not go on drugs

1 or something, if that is what you want to do. If
2 somebody wants to stop somebody from taking drugs or
3 not use them, that might be a problem. To make the
4 present more real, there would not be any meaning for
5 the drug. And, what I am trying to say, is like, the
6 drop-in centres are teaching people beadwork and
7 leatherwork; and making something happen now, instead
8 of saying, "Go to university, and go and do beadwork,
9 and then we will find a place for you." But I mean
10 actually making something now.

11 THE CHAIRMAN: So, it is a deferral of
12 experience, a deferral of experience through an
13 educational process, participation in life that you
14 are complaining about. Is it the putting off of the
15 opportunity to be involved?

16 THE PUBLIC: I would say the only reason
17 people do anything is because they just have to fall
18 into it. I don't think anybody plans to turn on. I
19 think people just happen to be around when it happens.
20 Also because they are living in the future, and there-
21 fore they can't plan anything. They are always waiting
22 for later.

23 THE CHAIRMAN: From something you said,
24 and something that Dr. Herren said, am I right in
25 getting the impression that you resent that anyone
26 should tell you, or tell us what we should do. Is it
27 just the very assumption of the role of instruction,
28 or, let us say the very assumption that if one has
29 some experience he wants to communicate or pass on;
30 is this resentment? I got that impression from you

1 and from Dr. Herren, that it is resented for anyone
2 to say, in effect, "I think that I have something to
3 communicate to you that might be helpful. It is a
4 matter of experience, to give me direction." Is that
5 resentment?

6 THE PUBLIC: No, but, I think -- his
7 name was Dr. Herren? Just by way of illustration --
8 oh, is he still here, good.

9 Anyhow, no, I don't think that Dr. Herren
10 or myself said that we wouldn't accept the fact that
11 somebody was in authority, if they actually had the
12 authority. I mean, I assume the fact that you know
13 more about the drug culture than I do because you are
14 living your life in that form, you see, so I assume
15 that you know more about it than I do. But, I won't
16 assume that you should be the one to tell me how to
17 live because you happen to know more about it. That's
18 all. Like, for instance, somebody said, about the fire.
19 Dr. Herren said that he has seen a whole town put out
20 a fire, but I think we have also all seen a building
21 burn to the ground because everybody is standing
22 around waiting for the fire department. Because you
23 put yourself in those roles.

24 DR. LEHMANN: Well, if you know somebody
25 who wants to take acid for the first time, and he does
26 it in a way, as far as dosage is concerned, in doing
27 it alone and the wrong mood, and so on and so on, all
28 the things that you know are wrong, you wouldn't tell
29 him how to do it? You pretty well insist on it. You
30 would let him get his own experience?

1 THE PUBLIC: Well, I don't know what
2 is wrong. Like, he may be wrong to take it in the first
3 place.

4 DR. LEHMANN: I suppose you would think
5 it is wrong for him, and that he is in the wrong frame
6 of mind, that he takes it alone without anyone being
7 with him, he doesn't know what this drug is, you think
8 it's bad stuff, it's too much for the first time. All
9 this you are quite sure about because of your knowledge
10 and he doesn't know anything about it. Now, you would
11 not instruct him then, how to do it right, because he --
12 well, if he were on an island, he would have to find
13 out for himself.

14 THE PUBLIC: Well, that is what I am
15 saying. That is probably what causes bad trips. I
16 mean, like, the only bad trips we know about are the
17 ones where there are reporters there to find out about
18 it, and I think the reporters are probably what brought
19 on the bad trip, telling the guy how to do it.

20 See, I think that that is ---

21 DR. LEHMANN: Well, the theory is all
22 wrong, of course.

23 THE PUBLIC: No, I didn't say that.

24 DR. LEHMANN: Well, you made a point of
25 it, that you have tried it and you know how to
26 do it, and so on.

27 THE PUBLIC: Yes, that's what I say,
28 there's something right in everything that everybody
29 has said today, and there is something right in what
30 Garry said, But what I'm trying to say is, the only way,

1 from what I can see, that you are going to fix the
2 problem up dandy, is to ship everybody off that still
3 has any semblance of order in their mind. In other
4 words, the innocent ones should be shipped out before
5 their parents tell them what's wrong with the world.
6 But, we've lost the art of experience. We've lost the
7 art of experience, and perhaps that's why the drug
8 culture is here. But, I think maybe the war is what --
9 the Second World War and First World War is what created
10 this need for the adult world to teach the younger
11 world to think for the future. Because you certainly
12 can't plan for the present, fighting a war. You've
13 always got to think, "Oh, tomorrow it will be over."
14 So, perhaps, that is what they are trying to teach us.
15 And they certainly didn't need any drugs to put them
16 to sleep, because they had the war to put them to sleep.

17 So, you know, every generation has its
18 mode of sleep. What did the R.C.M.P. call it -- a
19 subculture. See, the R.C.M.P. created a subculture,
20 and then they suggested we do something about it. But,
21 when you create a subculture, you have to expect that
22 it is not the culture. Like, well ---

23 THE CHAIRMAN: Well, we always have to
24 think about the future. This is part of survival.
25 This is what distinguishes man in his capacity --
26 one of the things is his capacity to look ahead and
27 visualize the kind of responsibilities and challenges
28 he will meet. I mean, this, surely, wasn't the
29 distinctive product of the First and Second World War
30 experience.

1 THE PUBLIC: No, but it's not a distinct
2 thing about humans either. Squirrels stash nuts in
3 the fall and that's how I say, humans should plan for
4 the future. On the knowledge of the past they can
5 work towards the future. But, what I'm saying is, we
6 should live for the present. And what I am saying is,
7 we are not thinking about the future or planning for
8 the future, we are living for the future. That's what
9 I am saying, that we trying to teach the kids going
10 to school, ^{is} that they are not going to ^{school to} learn some
11 relevant information which is going to make them more
12 realistic beings on our planet. We are telling them
13 to go to school, and when they get out, then we will
14 talk to them. But, we won't even talk in front of
15 kids -- like, vegetables. Like, childhood is a disease
16 that we have to get over in a big hurry, and you can't
17 blame the people for, what do you call it ---

18 DR. LEHMANN: But, do you think that
19 this is the system? You just said that one should
20 learn how to be prepared, and to think for the future,
21 but not just be constrained to live for it only. Would
22 you think it is the system that's bad, or the way it's
23 being taught?

24 THE PUBLIC: Well, I would say it's the
25 people, it's not the system.

26 DR. LEHMANN: In other words, it's not
27 the teachers; it's not the school system.

28 THE PUBLIC: No, it's the kids them-
29 selves.

30 DR. LEHMANN: The kids are wrong?

1 THE PUBLIC: Yes, they're wrong.

2 Maybe they are now wrong because their parents made
3 them that way, but it's the individuals that are
4 incorrect, not the system. There is no system that
5 can hold you down.

6 DR. LEHMANN: It's an existential
7 orientation that is wrong?

8 THE PUBLIC: I don't even know what
9 that means.

10 DR. LEHMANN: Their whole philosophy
11 towards living and towards the world.

12 THE PUBLIC: Pardon me.

13 DR. LEHMANN: Their philosophy towards
14 the world.

15 THE PUBLIC: Well, they have been misled.
16 They have been misled into -- what am I saying -- we
17 have been misled into thinking that there is something
18 to be attained other than life itself, like, you know,
19 that there is something to be attained later, which
20 is our life. But right now this isn't life, this is
21 just purgatory. And much later on we are going to
22 reap the benefits of our education and we are going
23 to get our business, whatever it is.

24 DR. LEHMANN: Do you feel that parents
25 and the schools nowadays take this view, that childhood
26 is something to be gotten through as fast as possible
27 and reap the benefits afterwards? In other words,
28 that one should not enjoy childhood and adolescence?

29 THE PUBLIC: Well, I don't think anybody
30 would -- I mean, I don't think anybody would tell you

1 that, because I don't think anybody knows what they are
2 doing. I don't think that it is a conscious thing,
3 I don't think that all the adults choose up sides and
4 beat up on the kids, But I would say that the adults
5 are all doing it, and thereby teaching their kids to
6 do it to their kids.

7 THE CHAIRMAN: Well, I get the impression
8 that you are concerned about a question of emphasis,
9 the degree to which one sacrifices the experience of
10 the present and enjoyment of the present for some
11 future good. And, you are concerned about general
12 emphasis, but I guess you wouldn't deny that it has
13 got to be some -- it is inevitable that there will be
14 some foregoing ^{of pleasure} / in the present, where preparation for
15 the future involves certain training, certain discipline.
16 You can't have the two, can you, really, without some---

17 THE PUBLIC: Well, would you define
18 "pleasure".

19 THE CHAIRMAN: I'm sorry, I used the
20 word "defer" pleasure, putting off the pleasure for
21 some future combination of good.

22 THE PUBLIC: You assume, when you say
23 something like that, that your pleasure is something
24 you can get. Like, myself, I am under the impression
25 that pleasure comes when it comes and I'd better take
26 it when it does come, because I don't have any way of
27 calling it out. You see people going to parties all
28 the time because they assume that they are going to
29 have a good time. But, of course, when they get there,
30 they all wish that they had gone down to the bar instead,

1 that it's no good there. You see, the pleasure comes
2 when it comes and you can't go and get it. But, you
3 should find pleasure in -- like, for instance ---

4 MR. STEIN: Could you stop for a moment
5 there? You mean there is nothing that can be done by
6 a human being to enable him to be better able to
7 experience a satisfying situation? Is this something
8 beyond his control? It drops out of the sky?

9 THE PUBLIC: No, it's something he
10 creates himself, but he doesn't know how to create it;
11 that's all I am saying.

12 MR. STEIN: Well, I don't understand that
13 sentence: "He creates it himself, but he doesn't know
14 how to create it."

15 THE PUBLIC: Well, he doesn't know he
16 is creating it. Like, you can't say to yourself,
17 "I'm going to cook up a little pleasure."

18 MR. STEIN: But, you can cook up a good
19 meal.

20 THE PUBLIC: Yes, but you don't
21 necessarily enjoy it, unless you have been living in
22 a relaxed existence and everything has been working/way out the
23 it should. When the meal is prepared, you don't
24 necessarily enjoy it even though it may be a very fine
25 meal.

26 THE CHAIRMAN: You can't be sure that
27 the experiences of pleasure in the past will be
28 pleasurable again, is that what you are saying?

29 THE PUBLIC: That's not what I meant.
30 What I meant was, what was important; what I was trying

1 to say was, what was important in that, was that if
2 you can't derive pleasure from getting your education
3 now, if you are just waiting to derive pleasure from
4 the result of your education, that's what I'm saying.
5 We should be doing something which, when pleasure
6 comes along, we can still have it. But, what was that
7 Commission in the States, that said that people ---

8 THE CHAIRMAN: -- Artifacts ---

9 THE PUBLIC: Well, what it says, it
10 doesn't create joy of events because -- it does, but
11 not for the kids that are in it. Like, for instance,
12 when I was there, I didn't know anything about what
13 was going on, I didn't know any better than the
14 teacher about anything, and so I couldn't really
15 dissent about anything, because I didn't have enough
16 knowledge to dissent, or to disagree with what he was
17 saying. I didn't know any better than he did, I knew
18 much less. But, I did feel something, so, of course,
19 I got kicked out of school all my life because I
20 wasn't dissenting properly. I was just cutting up in
21 class all the time. But if I could go back there now,
22 and like the other gentleman said, if somebody went
23 back to school at twenty-nine plus years, if I could
24 go back to public school now, I would have a ball,
25 because the ridiculousness of it -- it would be fun
26 to live it. But it's not fun for the kids that are
27 in it, because they don't have the knowledge to see
28 the ridiculousness of it. And it looks important to
29 them.

30 DR. LEHMANN: Have you any explanation

1 for the fact that the generation of today seems to
2 have a much keener perception of all this than other
3 generations in the past? Education in the past, if
4 anything, had been grimmer than it is today. Certainly,
5 not any more joyful. And somehow there had not been
6 this keen awareness of the intolerable situation as
7 is today.

8 THE PUBLIC: Well, I go along with
9 Mr. Stein, that it hasn't changed. It has all happened
10 before in history. All you have to do is look for it.
11 It has all happened somewhere before, but, perhaps
12 people are more aware because of television; they know
13 how to say something a little cuter, but that doesn't
14 make them any more aware. When some kid, who is five
15 years old, turns on to heroin and goes and hangs
16 himself, everybody finds out about it now. But maybe
17 in 300 B.C. they didn't find out because he was just
18 a five year old kid and it was of no interest to send
19 a runner 300 miles to tell somebody about it.

20 But, when you have a television camera
21 there, well, in a split second everybody finds out
22 about everything. So you get/ ^{the} illusion of great
23 interest and great knowledge and deep reason on the
24 part of younger people. But, young people have always
25 been more active than older people, quite simply
26 because they have more energy to burn.

27 DR. LEHMANN: But, they have been much
28 more docile in the past, except in the system of
29 education, without really rebelling much against it.
30 There is no doubt that there is a good deal of rebellion

1 against it today, whether you express it well or not.
2 They may just drop out, or they may make speeches, or
3 activist demonstrations. But, certainly, there is more
4 rebellion against the system today than there used to
5 be.

6 THE PUBLIC: Yes, because there are more
7 kids, that's all. Because there are more kids now
8 than there ever has been in history; that's why it's
9 stronger now than it ever has been in history. But,
10 maybe when you were a boy you weren't revolting against
11 the education system, but you were probably yelling
12 about something. You know, there must have been
13 something that you were yelling about.

14 But, you know, there are more kids now,
15 and well, myself, I went to Campbell Collegiate and -- in
16 the city here, they built Campbell Collegiate and then
17 they next year they had to rebuild it because it was
18 obsolete. They had to rebuild the school the next
19 year. There are billions of kids now and they are all
20 just -- they are running around in overcrowded
21 conditions and you can't help it.

22 DR. LEHMANN: Do you think the over-
23 crowding in this may well be -- there is a good deal
24 of evidence of overcrowding, even in animals, which
25 produces all kinds of changes in behaviour. So, would
26 you think that the overcrowding then is an important
27 factor?

28 THE PUBLIC: Yes, I would.

29 MR. STEIN: Ho, ho, ho. Is that a crime
30 in Saskatchewan?

THE PUBLIC: Like, for instance, we are

1 overcrowded in Saskatchewan, that is why we feel
2 sorry for you guys, living down east. Because we can't
3 even view what it is like there, we can't even think
4 about it. We just have to put up with our own crowded
5 conditions.

6 MR. STEIN: In the schools.

7 THE PUBLIC: Yes. Like, Saskatchewan
8 looks like a big place, and the population is even
9 decreasing -- I think it is the only province in the
10 universe that has a decreasing population -- but that
11 does not make a difference to us, because, quite simply,
12 there are more and more high-rise apartment buildings
13 going up, you cannot get a seat in the bar half the
14 time; there are more and more people converging on the
15 same spots. There is a lot of area here, but that
16 does not help any.

17 All that I was trying to say before,
18 was that all the pressures that everybody brought up,
19 political, religious, education; what are they --
20 social, and so on, but they are all concerns if you
21 are trying to figure out how to stop the drug culture
22 or turn everybody on. I do not know exactly what you
23 are trying to do, but whatever you are trying to do,
24 if you are trying to do it, all those things are a
25 necessity to discuss.

26 Like I say, the only way that it can
27 ever be done is for each of us to find a planet of our
28 own, and then we could create the social structure
29 that we know is absolutely important for everybody
30 and we could set up the educational system we want,

1 we could either smoke or not. Yes, it is useless to
2 try to get anything done today, because we are all
3 weird already.

4 MR. CAMPBELL: It has been suggested that
5 one of the problems of younger people in society is that
6 the educational system has been extended. But, unlike
7 most societies, we have no clear point in time where
8 we do something to an individual, and after that happens
9 he is defined as an adult, he can define himself as
10 an adult, and acquires the freedom that goes with adult-
11 hood of that society. In this society, the acquiring
12 of adulthood is something that is spread out. Part of
13 it is leaving school, getting a job, getting married,
14 getting a house; in that way it is extended. But, it
15 is not necessarily a good thing, and so, it is not
16 unreasonable for you to become impatient, to a certain
17 extent, with education.

18 I do not think there is any doubt that
19 in education we waste a lot of time. I can think of
20 an educational system where you would teach most of
21 those things that a person needs to know to do most
22 of the jobs that he needs to know -- it would take a lot
23 less time. But, it would mean building a fair amount
24 of pressure into the system to do it. Would it be
25 Samaritan, instead of keeping kids in school for
26 twelve years or something, and saying like, don't
27 give them this twelve years of time, that the really
28 essential stuff could be gotten over in four. "Let's
29 really drive it like hell for four years. Let's
30 whittle it down and go." That is something you would

1 have to do to really make it count. But, it would
2 be a very disciplined system, it would have to be. It
3 would be a system with a lot of pressure. It crosses
4 my mind, but I like tension, I like crisis, I like
5 tension, I enjoy being under pressure. I think a lot
6 of people do. So this would not bother me. Would it
7 be a bad thing?

8 THE PUBLIC: Well, you see, I think
9 we already have that, because that is why everybody
10 is cracking up because they find it does not work like
11 that. No matter how you plan it, you cannot give
12 somebody a good life or a not good life.

13 You see, like, a friend of mine -- we
14 went through school together -- I got kicked out all
15 the time and he passed all the time, and now he is
16 a lawyer. And he was told that if he worked really
17 hard for the next three or four years, or whatever the
18 university was, that he could then, thereafter, relax.
19 And, just a couple of months ago, I had a child and
20 I phoned him in Edmonton to tell him that I had a
21 child, and at about twelve-thirty at night he was at
22 work. So, it is quite obvious that when you work very,
23 very hard to become a lawyer, that is not necessarily
24 going to let you sit back and relax for the rest of
25 your life.

26 MR. CAMPBELL: What happens, though, if
27 you like working until twelve-thirty in the morning?
28 Maybe he enjoys it.

29 THE PUBLIC: But, the thing is, that if
30 he enjoys it, he does not have to be told to get it

1 done in a hurry. What I am saying is that he was told
2 that if he worked really hard for three, four or five
3 years, then he could relax the rest of his life. But,
4 because of the trend that I was taking, I was going to
5 be a ditchdigger for the rest of my life. But, I enjoy
6 digging ditches more than he enjoys being a lawyer.
7 I have never yet seen a retired gentleman retire. Have
8 you ever seen a fellow who reached the age of retirement
9 sit back and look at the sky?

10 DR. LEHMANN: Well, if they don't like
11 it why should they?

12 THE PUBLIC: Of course not. Men are
13 here the same as every other animal, and that is to
14 work. So, we are not working to get out of work, we
15 are working for the sheer pleasure of working. So,
16 that is what we have to teach the kids. No, we don't
17 have to teach them. We have to set up an atmosphere
18 where the kids can actually enjoy what they are doing.

19 THE CHAIRMAN: Why did you recoil^{from}/the
20 statement. You did not like the statement, "We have
21 to teach them." Is there something wrong with
22 teaching?

23 THE PUBLIC: There is something wrong
24 with my teaching because I am already no good, so I
25 can't teach anybody, because I don't know, because
26 I was not taught properly myself.

27 THE CHAIRMAN: But, you are expressing
28 views here tonight and you are making us think. It is
29 a form of instruction, a form of teaching, you are
30 expressing your experience. What is so wrong about

1 teaching? We seem to have gotten ourselves into a
2 hang-up. Let me speak about setting up a hang-up,
3 speaking euphemistically about it, but what is wrong
4 about the exchange, understanding, to call it teaching.

5 THE PUBLIC: There is nothing wrong with
6 that, but that is not what I call teaching.

7 THE CHAIRMAN: What do you call teaching?

8 THE PUBLIC: What I call teaching -- a
9 definition I have is telling someone how it is.

10 THE CHAIRMAN: Saying, "Now, hear this",
11 you mean, "This is truth, I want you to remember it."

12 THE PUBLIC: To tell you the honest
13 truth, I was never set that heavy on it. When I was
14 going to school, they always said, "This is how it is",
15 and I never stood up and said, "Well, I do not think
16 that is the way it is", because I did not know what
17 the other way may be. So, I never stood up and said
18 that and nobody set on me very hard about me saying,
19 "That is the way it is, and that is the word of God."

20 But, the fact remains that I am just
21 now finding that I can learn to experience -- I am
22 twenty-four years old now, and that is a ridiculous
23 time to find out that I can experience life. Why have
24 I not been doing that since I left the group? Why
25 was I not aware when I was a child that I was noticing
26 things and seeing things. Why was I not aware of my
27 process of education? You see, that process of
28 education was happening to me, but not with my necessary
29 consent, although I may have consented, but I can't
30 even remember.

1 DR. LEHMANN: Well, why can't you enjoy
2 life now without thinking back all the time?

3 THE PUBLIC: Well, I am just trying to
4 think back now for your benefit. I am enjoying life
5 now, but I was just going to say a quick statement,
6 that you should ship all the babies off to the island,
7 and I thought that would blow your minds.

8 THE CHAIRMAN: We are shockproof now.

9 THE PUBLIC: I thought I could just go
10 and sit down again, but it turned out to be a discussion.

11 MR. CAMPBELL: It is a good Rousseauian
12 concept, Jean Jacques Rousseau.

13 THE CHAIRMAN: Well, I wonder if we
14 should call it a day. We have exchanged many views.
15 It is five o'clock and we will recess the meeting,
16 and thank everyone present for their assistance.

17 Thank you.

18 --- Upon adjourning at 5:00 p.m.
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